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ORIGINAL COMMUNICATIONS.

*CLINICAL MORPHOLOGY VERSUS BACTERIOLOGY, WITH SOME THERAPEUTIC DEDUCTIONS.**

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WHAT is *Clinical Morphology?* Morphology is the science of form. Clinical Morphology covers the form elements that the clinician sees in his daily work with his patients. The position in bed, the lines of the face, the attitudes assumed in walking and sitting, all come under the term Clinical Morphology, but for our purpose to-day we will consider Clinical Morphology to be the description of the form elements found in the blood, the urine, the sputum, the skin, the fæces, and foods.

What is Bacteriology? The science of Bacteria. What are Bacteria? Very small bodies which are hard to place. They have been classified under the heading of schizomycetes of the confervoid algæ. A good definition of algæ is that they are plants that produce oxygen, and of fungi that they produce carbonic acid gas. However, I do not care to go into this part of the subject, for there must yet be a great flood of light thrown on this matter. My aim to-day is to show you that Bacteriology, as a means of diagnosis, and, of course, of Therapeutics, is very weak as compared with Clinical Morphology.

For over twenty years my father, Dr. Ephraim Cutter, has been laboring to bring the original investigations of Dr. J. H. Salisbury before the profession, his aim being to save them for its use. In one way this has been a mistake, for in the writings much has been said about the so called Salisbury plans. However, he has good company in such a mistake, for medical nomenclature is filled up with this and that man's operations, and even anatomy and physiology have to have some one's name tacked on them. Nomenclature can better describe, in some instances, an operation, or a function, or a tissue, by some one's name. But the profession of medicine does not stand on any one man's work; he may be a pioneer, but no good will be done unless others come in and corroborate what he is right in and show his mistakes. The word Morphology was first used in publications over ten years ago in its relations to medicine by my father, though the Clinical Morphology of the blood, sputum, etc., had been employed for twenty years previous to that time. To day I wish to oppose Bacteriology and Clinical Morphology, and give you as good a demonstration as time will allow of what it has been my good fortune to see, trusting you will be patient with me when I say that I realize the kindness of men much older than I am in listening to and witnessing my demonstration.

We proceed to the concrete side of our subject, and will consider briefly the *much advertised infants' foods, asthma, rheumatism, and tuberculosis.*

Infants' Foods.—It will go without saying that Bacteriology has little field for work in infants' foods. Yet the opportunities offered

* Read before the Mississippi Valley Medical Association, and illustrated by lantern slides of microphotographs, taken with the one-fourth, one-tenth, one-sixteenth, one-fiftieth, and one-seventy-fifth inch objectives, September 11, 1889, at Evansville, Indiana.

for clinical morphological investigations are great and of much importance. Take, for instance, "Imperial Granum." The author of "The Clinical Morphologies" showed years ago that, though the claims of the manufacturers were that this preparation was "amorphous, a solid extract, the salvator of the human race," etc., etc., it was decidedly morphological, containing starch-grains, to say no more; and the Connecticut Agricultural Experiment Station has backed up the statement of the morphologist by chemical examinations which show that "Imperial Granum" is common flour.

Any physician who has an infant food sent him for examination should not rely wholly on the chemical examination made by reputable chemists, and not at all on the statements of the proprietors. Place the food under the microscope; study for gluten cells, starch cells, cellulose, the connective tissues of the various grains; see if it is an amorphous, homogeneous mass, or made up of decidedly morphological elements. A food may be a first-class one chemically, yet contain so much cellulose that it is unfit for the stomach. The paper published in 1882, in Gaillard's Medical Journal, on Cereal Foods, by E. Cutter, illustrated by many cuts of micrographical drawings, created much attention as being the first to enter a new field as to foods, to wit, the morphological. *Chemistry and Clinical Morphology should go together.*

The therapeutic deduction is: Feed the mothers during gestation and lactation on such food that they will have milk enough to nurse their children, summer or winter. Our plan is, two-thirds animal and one third vegetable, with one meat and one vegetable at a meal. I confined a young woman in March with her second child. The mother weighed ninety-five pounds, the babe ten One-half hour after delivery of the placenta the mother ate a good meal of beefsteak and a small portion of bread. A few weeks ago I heard from her that this second child, which she called the "meat baby," had done much better than the first; that she had plenty of milk for it, and was in good health. The mother and child reside here in New York City.

MORPHOLOGY OF THE SPUTUM IN ASTHMA.

The following, in quotations, is from the work entitled "The Clinical Morphologies," by Ephraim Cutter, M.D., LL.D. Published by the author, New York:—

"Cholesterin;

"Cystin;

"Oxalate of lime;

"Phosphate of lime;

"Triple phosphates;

"Uric acid and urates;

"Calculi made up of these salts;

"Contents of giant cells escaped outside of walls;

"Crystals with two or more terminals;

"Foreign substances inhaled;

"Fusiform crystals;

"Gravel crystalline, gravel granular, gravel massive;

"Mucous corpuscles distended with albuminoids, with crystalline and other bodies, with cystin, with giant cells, with melanotic matters, with oxalate of lime, with triple phosphates, with uric acid and urates;

"Other crystals whose names have not been made out;

"Spirilina splendens, Salisbury, 1865."

The therapeutical indication from this morphology in asthma is to feed the cases so that there will be a minimum of fermentation, and thus stop the paralyzing action of the carbonic acid, etc., on the eliminative glands. Give tonic and liquefying medicines, and, if the case is watched closely and the orders followed to the letter, a cure may be expected in time. It hardly needs to be said that Bacteriology is far behind Clinical Morphology, because it can only treat of Bacteria, yet Clinical Morphology is able to show physical causes of asthma and hay fever.

"THE MORPHOLOGY OF THE BLOOD.*

"*Mode of Study.*—It is necessary to have the patient, the microscope, the light, the means of withdrawal of the blood (a lancet, spring lancet, the scarificator of the writer [E. Cutter], or a needle, which is not the best thing), all together.

"There is no such thing as taking the blood home to examine. The changes are so rapid that most of the important ones disappear in ten minutes' time. Still, after these are gone many valuable points remain to be looked for.

"*Kind of Blood.*—The capillary,—not the venous or arterial.

"*Site of Withdrawal.*—On the radial or ulnar side of the forearm near the wrist. The skin should be clean and free from hair. If

* See Clinical Morphologies, E. Cutter.

dirty, wash with soapsuds or ammonia-water. (It is well that the beginners should study the skin surface, dirt, and epithelium before looking at the blood.) Take the patient's forearm in the hand, and make the skin tense in the interval between the thumb and forefinger. Puncture the skin one-eighth inch. The tension of the grip will squeeze out a drop of blood. The size of the drop should bear

"MORPHOLOGY OF THE BLOOD IN HEALTH.*

"*Color.*—Bright, fresh, clear, ruddy, strong.

"*Clotting.*—Rapid and firm.

"*Red corpuscles* arrange themselves in nummulations, or are scattered evenly over the field. Normal in size. Non-adhesive. Central depression well marked on both sides; periphery well rounded, clean cut. Hold coloring matter firmly. Pass readily to and fro

PLATE I.

1 and 2. Crystals and Crystalline Bodies from the Blood of Rheumatic Patients. (Cutter.) Drawn by Mrs. Mary Smith *nee* Chapin. 3. Cystine from a Case of Sciatica. (Cutter.)

(Copyrighted, 1889, by Ephraim Cutter.)

a direct relation to the size of cover. Very much depends on handling the drop of blood rightly. When the drop evenly diffuses itself it is presumed that the film is about uniform in thickness, so that one can judge somewhat as to the comparative number of corpuscles in each specimen. The process of transferring the blood should take only a few seconds of time. A fraction should be sufficient.

through the fibrin filaments; appear fresh and fair.

"*White corpuscles* normal in size. Not enlarged by internal collections of foreign bodies. Amœboid movements strong or not. Proportion, one to three hundred of red corpuscles. Consistence good. Not sticky. Color, a clean white. Freely moving at will.

* See Clinical Morphologies, E. Cutter.

"*Serum* clear and free at sight from any form. After five minutes most delicate, semi-transparent fibrin filaments appear, forming a very light net-work in the field, which offers no obstacle to the passage of the corpuscles.

"There should be no spores nor vegetations in healthy serum, though they may be found by very minute examination, or by letting the blood stand for several days in closely-stopped phials at a temperature of from 60° to 75° F. This is not saying that spores and filaments cannot be found in blood of persons calling themselves healthy, for some diseases exist in a latent condition, like *rheumatism, syphilis, cystinæmia, and consumption.* I have met with people, who, on finding vegetations in their blood, have decided not to accept the evidence because they deem themselves healthy. Again, it is difficult to find a perfectly healthy person in the community; this was made public during the 'late unpleasantness,' when drafts were made for soldiers. The blood evidence must be taken in connection with that of other physical signs.

"MORPHOLOGY OF THE BLOOD IN RHEUMATISM.*

"*Rheumatism may be called the gravel of the blood.*

"*Color* varies from that of health to the paleness of anæmia.

"*Consistency* and *rapidity* of *clotting* increased.

"*Red Corpuscles.*—Color usually impaired, not always.

"Adhesive, sticky, often drawn out into elongated, lozenge-shaped bodies with pointed ends, and sometimes filaments joining with one or more of their fellows.

"Clot in windrows, ridges, and huddled masses; sometimes quite formless. This is caused by the massive fibrin filaments holding them fast, as it were, in their firm meshes. The same thing is seen in consumptive blood, but to a less degree.

"*White corpuscles* usually enlarged; adhesive, sticking to each other and to the red corpuscles and matters found in the serum. Indeed, it seems to be the office of the white corpuscles so far as possible to swallow and envelop any foreign substance that may find its way into the blood. Thus we find crystalline matters in the white blood-corpuscles in rheumatism, though not always.

"They undergo amœboid movements as in healthy blood; they have independent locomotion. Disease does not seem to impair their movements.

"Often they are increased in number. If there is fatty degeneration going on they will be found to contain fat in globules.

"*The serum.*

"*Fibrin filaments*, in massive, strong, and sticky threads, in abundance; in meshes, which are finer than in health, visible plainly; strong and hold the red corpuscles like prisoners; in skeins, like tangled skeins of silk; in masses, forming thrombi which, when fastened, form emboli.

"These thrombi are apt to involve and embrace white and red corpuscles and crystalline bodies to be named below. Sometimes the fibrin filaments are found in large, round strings, curled up fancifully by the motion of the blood-stream, and looking like the mycelial filaments of vegetations, from which they can be distinguished by an absence of entire cylindrical outline—ragged broken edges here and there, and dichotomous and polychotomous divisions of the trunk, different from vegetations of syphilis for example. It is the presence of these fibrin filaments that makes the blood ropy, adhesive, and sticky. They have the tendency to block up the blood-stream and, besides, to be locally deposited in the tissues, especially when the circulation is sluggish, as near the extremities and joints.

"*Crystalline bodies, or gravel of the blood.*

"These are numerous and readily recognized; some of them are as follow:—

"1. Uric acid and urates of soda.

"2. Phosphates, especially the triple phosphates of lime and soda.

"3. Oxalate of lime.

"4. Cystine. This is quite common and easily detected.

"5. Carbonate of lime, rare.

"6. Stelline and stellurine. These occur mostly in granular forms in the serum, but in old cases, where the system is saturated, they are crystalline.

"7. Black, brown, aniline blue, bronze, red, and yellow pigments in the form of flakes or small masses are common in rheumatic blood, and may be termed gravelly matters that should have been eliminated by the kidneys or bowels or skin.

* See Clinical Morphologies, E. Cutter.

"LATENT CONDITION OF THE CHARACTERISTICS OF RHEUMATIC BLOOD.

"The morphology of rheumatic blood exists in a latent condition in persons apparently well; but when they are exposed to cold, the blood-vessels contract, catch and detain these abnormal elements, and we have a stasis of the blood which may be active or passive and manifests itself in heat, fever, pain, swelling, inflammation or passive congestion, effusion, etc., and which make up what is known as an 'attack of rheumatism.' The fever may result from the effects of nature to get rid of the intruders, just as a householder will become hot in expelling from his premises a thief whom it is difficult to remove. Or, to use another simile, the attack of rheumatism is like the explosion of a gun. The charge in the gun is the morphology of rheumatic blood, and the cold is the pulling of the trigger. The charge may be latent in the gun for years, but it is there with its potential energy ready to become actual from an exciting cause.

"*Fibræmia* is where the fibrin is in excess in filaments, skeins, curled massive fibres like strings—thrombi and emboli. These are in a more exaggerated condition and form than in consumption or rheumatism, and are not necessarily associated with the crystalline matters or gravel. Sometimes the fibres look like a scalp that has been taken from the head of a woman with long tresses of hair.

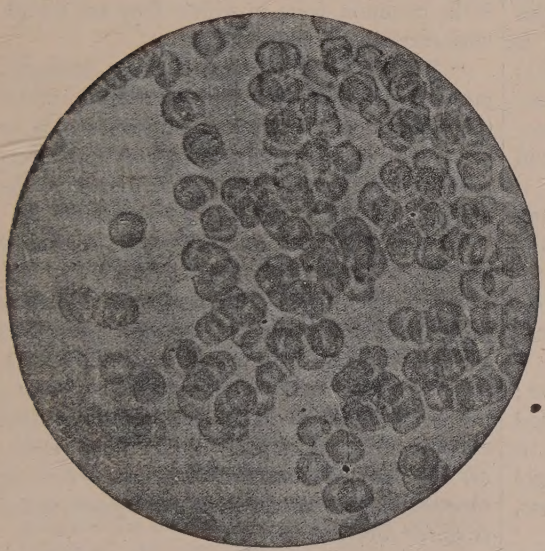
"*Thrombosis* is where masses of fibrin accrete and consolidate together, including or not the red corpuscles, white corpuscles, crystalline and pigmentary bodies, spores and mycelial filaments or vegetations, one and all.

"*Embolism* is where a thrombus has been caught or engaged in a blood-vessel, and acts as a plug disturbing the circulation.

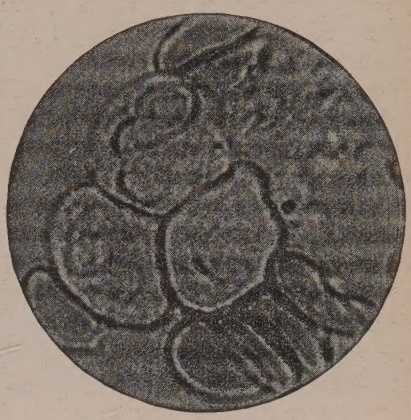
"PRE-EMBOLIC STATE.

"As thrombi precede emboli, so they can be detected in the blood before the embolism, simply by the morphology of the blood. In this way, sudden deaths from embolism, especially in the puerperal state, can be averted."

PLATE II.



Healthy Blood Photograph, $\frac{1}{10}$ inch Tolles' objective. (Cutter, 1883.)



Tuberculous Enlarged Adhesive White Blood-Corpuscles, $\frac{1}{15}$ inch Tolles' objective. (Drs. Harriman and Cutter, 1876. The first ever taken.)

(Copyrighted, 1889, by Ephraim Cutter.)

Here, again, we have a subject which Bacteriology cannot touch, as the morphology of the blood in rheumatism shows the causes of the inflammation, pain, and deposits to be purely physical and chemical.

Dr. Asa F. Pattee, of Boston, told us at the last meeting of the American Medical Association that he had had gout for years, and, accepting the popular idea, eschewed beef and ate vegetable food mainly. Finally, he changed his ideas and ate beef largely, with the result that his swollen joints were decreasing in size. I see that the English writers are beginning to

think that beef does not have so much to do with the cause of gout. Indeed, beef has had many sins laid at its door that other foods should have borne the complaint of. Stop the Englishman from eating his puddings, pastry, and sweets, and feed him on beef rightly prepared, and I think he will have less gout. The morphology of the blood in these old cases of gout is very interesting and beautiful. One case I examined several years ago had a most remarkable display of crystals of cystine.

A lady has recently come under treatment who had been for three summers at one of the large sanitariums of the West, which is very extensively advertised. All this time no improvement was made in her case; they told her that rheumatic gout was a fiend; was incurable; that milk was a perfect food (though in this case it had clogged up her liver so that it is hard work to get it to running smoothly); that beef was nasty and not fit for man to eat, etc. Her blood was ropy, and sticky—molasses-like; crystals of cystine and uric acid present.

In three weeks' time a finger that she had not been able for three years to flex to the palm will now touch it.

This case is improving very fast; rarely bloats, whereas she had to buy charcoal continually while in the West for the gas.

To treat rheumatism, one must be patient; sometimes the cases have to go on very rigid diet; nothing but the beef separated from its fibrin, and the resultant pulp broiled. *I wish to say here that we never prescribe beef raw, never did and never will.*

Each case must be studied for itself. This case in question can eat a little bread with her meat, but potatoes will immediately bloat her. It takes time to cure these cases and to get their stomachs, livers, bowels, and kidneys working rightly. Put the nutrition on a healthy basis, get the blood right, and then wait for old Dame Nature to do her work.

"MORPHOLOGY OF THE BLOOD IN TUBERCULOSIS.*

"FIRST OR INCUBATIVE STAGE. — Red blood-corpuscles are less in number, ropy and sticky, more or less, but not much changed otherwise.

"SECOND STAGE, OF TRANSMISSION.—*Red Corpuscles.*—Color pale, non-lustrous; not clear-cut, not ruddy. Consistence sticky, adhesive. Coating of neurine removed. Not so numerous as in normal blood. Owing to the increased size and strength of the fibrin filaments and the stickiness, they form in ridges, rows, but not so marked as in rheumatic blood. They accumulate in aggregations of confused masses, like droves of frightened sheep. They adhere to each other, and are rotten, as it were, in texture.

"*White Corpuscles.*—Enlarged and distended by the mycoderma aceti, or spores of vinegar yeast, that are transmitted into the blood-stream from the intestines.

"*Serum.*—More or less filled with the spores of mycoderma aceti or vinegar yeast. These occur either singly or in masses of spores, which is the common form in which they are found, wherever vinegar is produced.

"*The fibrin filaments* are larger, stronger, more massive than in health, and form, under the microscope, a thick net-work, which is larger, stronger, and more marked in direct proportion to the severity of the disease or the amount of accumulation.

"Besides, the serum is apt to be of a dirty ash-color.

"The sticky white corpuscles, the massive fibrin filaments in skeins, and the yeast spores alone or combined, form aggregations, masses, collects, thrombi and emboli, which block up the blood-vessels of the lungs soonest, because exposed to cold air, the most of any viscus; *the blood-vessels contract, and thus arrest the thrombi and form a heterologous deposit, which is called tubercle.*

"THE THIRD STAGE, OR STAGE OF TUBERCULAR DEPOSIT.—These deposits increase so long as vitality subsists in the tubercle and surroundings. When vitality ceases, the tubercle softens or breaks down. Sometimes, if the process is very slow and life slightly inheres in it, the proximate tissue undergoes fatty infiltration, which preserves it from readily breaking down.

"The morphology of the blood is the same for the second and third stages of consumption.

"FOURTH STAGE, INTERSTITIAL DEATH — Morphology of the blood in this stage is the same as in the second and third, save that it becomes more impoverished.

"*The red corpuscles* are thinner, paler, much lessened in number, increased in ad-

* See Clinical Morphologies, E. Cutter.

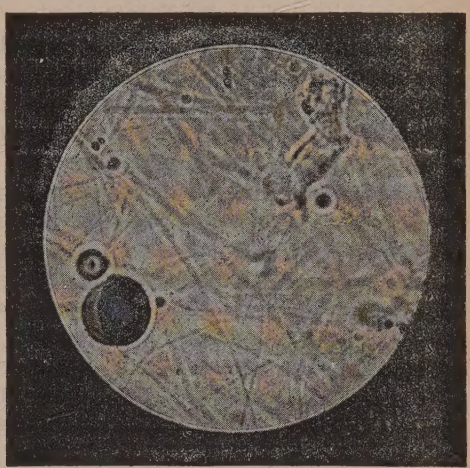
hesiveness, stickiness, and poverty. Devoid more or less of neurine.

"*The white corpuscles* are fewer in number, more enlarged; often ragged and rough. Distended with spores of mycoderma aceti; more adhesive and sticky.

"*The Serum.*—Fibrin filaments are thickened, stronger, more massive, and more skeins of them present. The collects of mycoderma aceti are very much larger and more numerous; in moribund cases, I have seen them so large as almost to fill the field of the microscope. They present anfractuous edges and amœboid prolongations, giving them a weird, bizarre appearance, which, under the circumstances, have a portentious aspect, for the larger and more numerous the spore collects of mycoderma aceti are, the more dangerous the case.

PLATE III.

Massing and Crowding of Red Blood-Corpuscles where Fibrin Elements were Large and Strong. Sticky Corpuscles. (Photograph, 1876. Drs. Harriman and Cutter.)



Photograph Fibrin Filaments in Unhealthy Blood, $\frac{1}{50}$ inch Tolles' objective. (Cutter, 1876. With Clinical Microscope.)

(Copyrighted, 1889, by Ephraim Cutter.)

"THE MORPHOLOGY OF THE BLOOD IN FIBROUS CONSUMPTION.

"Here the mycoderma aceti or vinegar yeast does not get into the blood, and change it as in tubercular consumption, since the pylorus keeps the vinegar yeast in the stomach. There is breaking down of the living tissue to a less extent. This tissue has been thickened, hardened, and made stony from deposit of gravel. The diagnosis is not so easy as that of tubercular consumption."

It was only a few weeks ago that I started a case of fibrous consumption on treatment; there was more or less of yeast in the blood, but the marked point was the great huddling together of the corpuscles; the masses were so great that it was hard work to find one distinct red corpuscle, as they were nearly all included in these large masses; no wonder that this woman's heart had to work hard to pump that blood through the vessels. In this case, which was a typical one, there was no trouble with the bowels, but, as she said, "all the trouble was from her stomach up." It will take time to get this woman's stomach washed out and all the fermentation rid of; her present food is whites of eggs, Johnston's beef extract, beef essence, and milk warm from the cow. She takes hot water before meals and nourishment every one or two hours; her stomach has been a distillery and yeast-pot for years, and as the fermentation decreases she misses the alcohol, but the incident weakness soon passes away.

It is wonderful to see, in her case as in others, how soon the cough begins to lessen, due to the stopping of the production of the carbonic acid gas, which by its paralyzing action on the mucous membranes of the trachea and lungs, has caused that pouring out of mucus. (I would that I had more time to go into the description of the *rationale* of the production of these diseased conditions in rheumatism, asthma, and consumption, tubercular and fibrous.)

When the stomach becomes sweet and is

restored to something like its proper tone, she will be fed on beef prepared as described further on.

"MORPHOLOGY OF THE SPUTUM IN TUBERCULOSIS.*

"Bacilli; bacteria so-called; clots of blood; elastic lung-fibres; epithelia, ciliate, non-ciliate, pavement, and columnar; granular tubercular matter; granular tuberculous matter, so-called, sometimes fetid in odor; inelastic lung-fibres; lumina of blood-vessels; mucous corpuscles, normal, deformed, distended with spores and gravelly matters; mucous filaments and fibres; mycelial filaments of fully developed yeasts and other fungi; skeins of mycelial filaments; swarms of spores; yeast-plants; and yeast sporangia, alcoholic and lactic acid."

COMPARISON OF CLINICAL MORPHOLOGY AND BACTERIOLOGY AS TO TUBERCULOSIS.

Etiology.—The bacteriologist claims that *the tubercle bacillus* is the cause of tuberculosis. We are willing to admit this, but that it is half the truth. What then is the relation of the tubercle bacillus to the vinegar yeast-plant?

Botanists have been fighting for years over this question; when Koch was a boy. Some say that it is the baby stage of the vinegar yeast-plant and can be propagated in that stage; Koch has demonstrated that the bacillus will multiply as itself. But the bacteriologist is terribly at task to find out how the bacillus gets into the lungs. The clinical morphologist has no trouble at all; he holds that the vinegar yeast-spores are absorbed from the bowels by the partially paralyzed villi; that these spores are transmitted to the lungs, and form by their chemical and mechanical action, tubercle; then, when the tissues are undergoing decay, and the cough has come on, of course, will the bacteriologist find in the sputum *the bacillus;* but he need not work so hard at staining, but had better pay more attention to the detection of the broken-down tissues of the lungs, so that he may know the actual progress of the case as to lung healing or death.

Again, the bacteriologist can do absolutely nothing at diagnosticating pretuberculosis, yet we are doing the work of detecting the vinegar yeast in the blood before the lungs have necrosed; comparatively speaking, it is as easy as turning over the hand to clear the blood of the tubercular taint. I shall feel amply repaid for my journey of two thousand miles, if some of those here will recognize the vital importance of knowing the morphology of pretubercular and tubercular blood, and using it daily in their practice. A gentleman said to me not long since that he had studied blood and could make nothing of it; I answered, "You went to a medical college to be taught *how* to study medicine; my father sent me to an institution where I passed through a course of four years' duration and was graduated in the sciences; I then spent three years in a medical college, and it was only after I had received my diploma in medicine that he would consent to teach me the various morphologies, as he believed that I must first be well grounded in general science, anatomy, physiology, chemistry, histology, pathology, materia medica, medicine and surgery, before I should receive any instruction in clinical morphology!"

The same rule he applies to his students; he will teach only graduates of medicine; Dr. R. J. Nunn, ex-president of the Medical Society of Georgia, travelled in Europe and was unable to find out these special things till he returned to America and took my father's course. Clinical Morphology is over thirty years old; Bacteriology, about eight. Clinical Morphology has had no backing from the medical colleges; Bacteriology has; Clinical Morphology gives a rational exhibition of the cause of consumption; Bacteriology does not, for it only goes half way, and thus antagonizes thinking men; half a truth is often worse than nothing, as false deductions can be based on it.

Contagion.—I do not accept all that bacteriologists have to say as to contagion; if they will study *what the cases eat they will get more light.*

Diathesis.—There is undoubtedly a consumptive diathesis. Yet the heredity question is another one. I am a young man, but it is my father's experience that children of tuberculous parents fed properly, with no fermentation of their food, do not die of tuberculosis but live to grow up. It must be remembered that the scrofulous taint comes as much from syphilis as from tuberculosis. Both are easily diagnosticated, by blood inspection, and should be treated and eliminated.

Therapeutics.—We all aim to be therapeutists. Beautiful diagnoses obtained by scientific methods of examination are very nice, but if they do not cure the case, that is, the treat-

* See Clinical Morphologies, E. Cutter.

ment based on them, then we are at fault. It's a hard thing to say, but unless we constantly hold therapeutics before our eyes our profession will become nothing but one of scientific amusement.

1881. A young man lay sick in bed of emaciation, so great that he is about a skeleton; of hæmoptyses, so frequent that counting them has ceased; of night-sweats; of copious expectoration, which contains elastic and inelastic lung-fibres; the heart is enlarged; the pulse 120; respiration, 20 and more times a minute; in both lungs are cavities; the blood presents the tuberculosis morphology. Now this case, desperate as it was, was undertaken by my father; the patient was fed on beef taken from the top of the round; from it was separated by machines the fibrous tissues; the resultant pulp was moulded carefully into cakes and broiled; great care was taken in all the steps of the process of preparing the beef; the hands touched it as little as possible, for even after the pulp has been separated from the fibrous tissues, if touched by the hand, the human animal heat will be apt to change the condition of the meat; so it is moulded carefully with knife and fork. The meat is then broiled and seasoned to taste with pepper, butter, lemon-juice, and salt, as wanted; Worcestershire sauce allowed. The patient is fed this three times a day; is given gentle tonics; is bathed twice a day with ammonia or acid sponge-baths. The case has to be very carefully watched, for life is apt to slip away at any moment. He gradually improves and is cured, *i.e.*, the cough ceases; the sweats are gone; he arises from his bed; goes through college; is graduated with honors; is married, and was last seen by us one year ago, and calls himself a well man. Now, what is the *rationale* of this cure? By feeding him this particular food the vinegar yeast was starved out of the blood, and thus its work of necrosing lung-tissues was stopped; the acidity of the blood taken away by stopping the acetic acid fermentation, the fibrin filaments lose their large size; the red blood-corpuscles regain their normal tone and color; they are no longer massed together, and the white corpuscles come down to normal size because the blood has been deprived of the spores of vinegar yeast which they have been trying to inclose. Now, Nature is a spiral spring, and in this case has been overloaded with wrong feeding; we have given her a chance by feeding the patient on the food that best agrees with her, and she, being furnished with healthy blood, her eliminative glands in good condition, takes the normal blood and, with her wonderful physiological means, heals over the sore and broken-down places in the lungs, and in some cases, if the cavities are not too large, will build over and bridge them across. I believe this to be true, for I have been with a case where I could hear the air bubbling through the mucus in a small cavity, and yet that all disappeared.

There is so much said about the non-curability of consumption. My father was nearly ostracized when he came out in 1880 with seventy cases published in the "Transactions of the American Medical Association." Here he simply claimed that consumption was a curable disease; his cases in this table were: Seventeen non-arrests, twenty-six partial arrests, and twenty-seven permanent arrests. It is perhaps well to note that this was all before Koch promulgated the tubercle bacillus, and with this article were printed microphotographs of tuberculous blood.

Now, it is reported that in the morgues of the great cities of the world, like Paris and New York, bodies are cut into, in which are evidences of lung necrosis which had been stayed, the lungs healed or scarred, and the individuals are dead of something else. Moreover, surgeons are talking of removing by pneumectomy untold portions of the lungs, and in a journal I recently saw that a man could live with but two lobes; well, supposing the patient has survived the shock of slicing out a part or whole of one lung, he will probably continue to live on the food that produces tubercle; these facts apply to tuberculosis of the joints and the peritoneum as well. In a case of tuberculosis of the knee-joints I found the morphology of the blood to be tuberculous and syphilitic. Gentlemen, the medical, *the thophologic*, side of these questions must be examined as well as the surg cal.

In our work we never say we are going to cure a case, for we recognize the fact that we are human, finite; but we do know that cases have been cured, and so we will not take away a sufferer's hope. We never know how a case is going to turn out; some cases will not respond to treatment, for they are just full of the disease, both lungs; but others come along that appear just as desperate and we give them the chance and they pull up and get well. It

is my opinion that too much of evil prognostication is made; to be sure, we are continually pressed down with the weight of suffering people, and we know something about the uncertainty of life, yet every man in this hall today knows that cases with whom he was fighting for their lives with all the strength he had, believing that the end would be death, have agreeably surprised him by living. It is a remarkable thing to me to see cases of tubercle of both lungs live and live with the most desperate symptoms. I had this recently exemplified in a case which had been sick for several years, with disease in both lungs; she hated the treatment; while she lived on it faithfully she got better; but she could not control her appetite long and so finally died; yet the length of time that this woman lived was remarkable. In the same town was a friend of hers, sick in the same way at the same time, only she was tormented with uterine disease; but her lungs have healed because she not only followed directions carefully but accepted the situation and blamed no one that she had to deny her appetite.

I had a case in Kentucky; we healed her lung several times and would send her home, and there she would get upset. Once she had to go into the kitchen and cook; this brought on an attack of meningitis which shattered her nervous system so that her character was changed from that of a bright, happy woman to one despondent, nervous, irritable. Yet she lived for over a year after that meningitis, though I was constantly told that she would die; for seven months before her death she never coughed. I took her to her family physician two months before her death and he admitted that her lung was healed. She died two months later; incidentally from malaria; generally from adynamia.

Gentlemen, it takes nerve force to live; it takes nerve force to get well; each time that this woman's lung broke down she had to use up nerve force to recover; if she had not been shattered by the meningitis, humanly speaking, she would be alive now.*

Five years ago a middle-aged lady came under treatment for fibrous consumption, Bright's disease (as diagnosticated by the presence of casts, fatty epithelia, and albumen in the urine), and a small fibroid tumor of the womb. She was dieted rigidly for six months; then other foods were gradually brought in; the cough ceased, the urine became normal, and the tumor seems to have found business elsewhere, at any rate it is no longer at the fundus of her womb; cannot be found. This is not the first case of uterine fibroid tumor cured by food; as a rule, we use galvanism and food together as the case indicates.

I might give you the details of many more cases of tubercle, but time does not permit; suffice it that I say that the cured cases run back into the 60's; that we consider tuberculosis curable, and our hope is that as soon as the profession and the laity will share this belief and work to cure, then many more lives will be saved.

This taking away of hope kills many. How can a man live if there is no hope offered him; if he does, it is by sheer pluck and fight. But the battle which my father started in on years ago, to prove that consumption is a curable disease, seems to be about over; we are entering on a new era in medicine; nutrition of tissues must be studied; the causes of tumors, the excessive development of the fibrous tissues, the causes of the degenerations, all these must be studied from the side of nutrition. Also the actions in tissue of various productions of the different fermentations and the results produced by the work of the yeasts themselves.

A few words as to Bacteriology. We all know that it does not cure its cases, so my task would be very easy if I only relied on the cures obtained in clinical morphology, but I wish to go farther back. The bacillus was photographed in 1876, when my father was at that work; but less attention was paid to it, as he was working more on the blood, and the changes in it came before there was any sputum to examine. In the light we now have, the genesis of the yeast-plant may be characterized as bacillus, spore, and, in the full development, the mycelial filaments. From the sputum of consumptives the vegetation has been developed to the mycelial stage. In the blood the mycelium is not so often found, the spores being the ever-present form in tuberculosis.*

A few words as to foods in tuberculosis. The yelks of eggs are not allowed in any form, because hard to digest and a promoter of rheumatism. If you do not believe it, try them on a

* See On the Death of a Cured Case of Tuberculosis Pulmonalis, J. A. Cutter, Virginia Medical Monthly, September, 1889.

* See Food *vs.* Bacilli in Consumption, Opus 286, E. Cutter, Virginia Medical Monthly, December, 1888.

case and see the result. Milk is commonly called the best of foods, yet in the adult, nine times out of ten, it is not the best, as it so often causes biliousness. This we see in studying our cases. Testing the urine with nitric acid helps very much to show the biliousness. Milk, if given to patients, must be taken warm from the cow and be carried to the patient speedily, so that the ever-present germs may not get into and contaminate it. But be careful in its administration. I have seen cases that I thought could take milk be upset by it.

Some cases are kept alive on the whites of eggs slightly cooked, beef-tea, Johnston's extract of beef. Sometimes the stomach is in such a condition that the patient has to be sustained by nourishment per rectum till the stomach comes around. But the aim in our cases is to get the stomach in such a condition that they can be fed beef prepared as beforehand described. When the blood becomes normal, the urine flowing with a specific gravity of 1015 to 1020, with no bile or sediment, then other foods can be brought in cautiously; and it is only necessary for me to say that, if you are watching the case carefully, you will soon find out whether the food you are allowing is the best or not. Again, time is a great consideration with these cases. They must be treated by the month; pay their fee in advance; must go under your care for at least one year,—better two; the specimens of blood, urine, fæces, and sputum often examined. Have the patient put his hand in yours and trust you faithfully. Make him stop introspection, and watch to see that causes of worry are removed.

Temperament needs consideration. Some cases need much encouragement, others holding back. Some are fearful of everything and everybody, and have no faith; others expect to get well right off, and go at the treatment with a rush, and, when they find that Nature takes her own time in healing their sins, they may be disappointed.

It is no easy thing to take a case chronically sick and lead him along to health. Again, while remembering that without proper feeding you cannot cure your case, do not forget that with judicious medication the case may be pushed along faster, for the machine needs oiling. Have the case drink hot water one hour before meals and on retiring. Usually a pint is needed at each draft, the temperature not boiling, but comfortably warm. (See "The Therapeutical Drinking of Hot Water," by E. Cutter, New York. W. A. Kellogg.) Do not give them any medicine that is made up with syrup. I have been asked so many times, "Do you give syrup of hypophosphites?" The answer is, "No, because there is fermentable matter in it."

In closing, gentlemen, I call your earnest attention to the need of large bodies of medical men, who are anxious for the truth, investigating the original experiments of Salisbury which he made on men and animals thirty years ago. *Our work* has been more with microphotography and demonstrations of healthy and diseased morphologies. We have not had the time or money to hire men to eat certain kinds of foods, singly, and study the effects on them; neither to buy hogs and feed them to death on distillery slop. But all this must be done; and if this association, with its *personnel* of scientific men, industrious and anxious for therapeutic achievements, will appoint a commission and investigate these matters thoroughly, a great good will be conferred.

We must know the truth! These matters ought not to rest on the utterances of one or two men. While I am satisfied as far as I have gone in the matter, and believe my father to be on the right track in his efforts to save these things to *the profession* (for the profession is the body that stands between the People and Death, and no one man should set himself up as a healer and that he must hold all knowledge), I am also deeply anxious that these experiments be repeated.

A commission to undertake this work must be composed of your most eminent members. It should contain a first-class chemist, a neurologist, a pathologist, a therapeutist, and, last but not least, a morphologist. The labor of this commission must not be hampered by the appointment of a man to do its microscopical work who is trained only in Bacteriology. I believe I have shown you to-day that Bacteriology is but an extremely small portion of the micrological world, and the profession will be handicapped until the word ceases to exist, and the Bacteriologists of to-day become Morphologists in order that they may cover the whole field,

Gentlemen of the Mississippi Valley Medical Association, I thank you very earnestly for your kind attention.

"The Ariston," Broadway and Fifty-fifth Street,
New York, September, 1889.

ELECTRICITY IN SKIN AND VENEREAL DISEASES.

By JOHN V. SHOEMAKER, A.M., M.D.,
PHILADELPHIA, PA.

BECAUSE of its powerful local and systemic effects, electricity in any of its forms would be looked upon as an efficient remedy in affections of the integument, and clinical experience gives ample evidence that the assumption is true. As many skin diseases are cured by local measures, and as the application of these is not attended to by the patient with sufficient thoroughness at all times, it is evident that any agent which produces determined results under less frequent repetitions in the hands of the physician must be extremely valuable; and in such instances electro-therapy is definitely indicated.

Three forms of electric force are employed in dermatological practice,—galvanism, faradism, and static induction. The latter form is first considered, as it was the earliest used in medical practice.

To obtain good results from franklinism, good mechanism must be used. The repeated failures reported by physicians in using electricity depend upon the ownership of bad apparatus and indiscriminate method of employment; or, rather, the absence of any methodical plan of treating disease. A static electric machine to be useful must be of first-class make or it won't work. The multiple plate machine of Waite & Bartlett, of New York, is well adapted to the service required, and is not, in the end, expensive, although at first sight the price may seem high.

The great objection to static electricity is its difficulty of production in hot weather; but by keeping the plates dry and free from dust no trouble need arise, and the apparatus named is constructed so as to give little labor on the part of the owner to attain good service in these respects.

In using franklinism we can employ the spark electrodes, one pole being attached to the patient by a band, or held by him, and the other applied at a little distance from the parts to be operated upon. The length and strength of the spark is determined by the distance between the sliding-rods attached to the condensers and the interval between the electrode and the person of the patient. The ball-electrode, also, produces greater tension in discharge than the pointed rod, and the wooden one more than that of metal. The patient may be insulated from the ground by a proper platform and chair, in which case either simple charging, or a combined charging and spark application, can be administered. Again, the person being insulated, strong peripheral effects are obtained by the use of the roller-electrode rapidly passed over the entire surface, and by powdering the body with magnesia, soap-stone, or lycopodium, the effect is intensified. Any desired medicated powder may be employed; but greasy applications are, of course, interdicted as non-conductors.

Static electricity is valuable in many nervous disorders; hence affections of the skin resulting from or accompanying such illness are often benefited by franklinism. Anæsthesia and hyperæsthesia are notably relieved by general roller electrization. Prurigo is also greatly benefited by static applications. Formication accompanying central nervous disease generally is held in abeyance by franklinic baths. As a general tonic we get splendid results in exhaustion accompanying nervous troubles, and the lividity of the skin then seen is dissipated by the acceleration of the dermic circulation under a series of short sparks. Neuralgias of the scalp and soles of the feet are sometimes benefited by franklinism after the failure of other electric treatment.

Hypertrophies of the skin, such as corns, horns, callosities, scales, cicatrices, and the like, are often removed by the thorough application of sparks, daily, over the diseased surfaces. The tendency to repeated blind boils is often aborted by strong sparks, and acne-marks, hard papules, sluggish lymphatic glands, and similar disorders, are readily removed or largely benefited by drawing repeated sparks from the region affected.

In eczema and psoriasis franklinism is of much service. Where great infiltration has taken place, absorption is facilitated by franklinism, and the obstructed local circulation is relieved from pressure by the removal of poured out depositions. Much of the roughness of the skin in scrofulosis is remedied by thorough franklinism, whilst a general systemic tonic improvement accompanies the removal of the local trouble. In hyperidrosis of the feet or hands thorough franklinism is extremely valuable, as it also is in the intolerable burning and itching of these parts in persons advanced in life.

Several cases of ringworm have undoubtedly been checked in their development, and in at least two instances the painful lesion caused by the "guinea-worm" has been cured, the parasite being killed by strong and continued sparks. Sycosis is sometimes relieved by franklinism, and the "scald-head" of infants is undoubtedly benefited through continued static treatment.

The nervous twitching or spasm of the eyelids or the corners of the lips in nervous or hysterical patients usually gives way to franklinism, and the excessive flow of tears accompanying the former difficulty is frequently checked by like means.

As a general tonic to the skin, or as a counter-irritant, franklinism is equally reliable with galvanism or faradism.

Galvanism plays an important part in the treatment of many skin diseases. This form of electricity may be applied either generally, —that is, the electrodes are passed over the entire surface,—or centrally, when one pole is placed over the solar plexus and the other on the pneumogastric at the angle of the jaw, or, if required, it may be labile over any part chosen. Locally applied, the current is necessarily confined to single spots which require direct treatment. Galvanism is in itself a decided tonic; it is also indirectly a tonic by removing irritating or depressing disorders, and particularly so in skin diseases. It affects the nutrition of the skin, and it relieves engorgement by increasing surface circulation. Few diseases of the skin exist in which benefit is not attained by galvanization, and the main reason why more good is not secured through it is because of the indisposition of practitioners to use it or their incredulity as to reported cures.

In chronic eczema and psoriasis no agent is of greater service than daily treatment with galvanism. The current is specially indicated where eczema is consequent on stomach or liver disorder. In these cases the central method should be used, the positive being applied to the epigastrium and the negative to the affected parts of the skin. Mild currents only are needed, particularly in females and about the face, twenty-five to seventy-five milliampères.

In erythema and erysipelas gentle galvanization will remove the stasis and reduce the swelling through the absorption of effusion beneath the cuticle. The lateral progress of erysipelas is frequently checked by galvanism applied around the affected localities, the anode being placed stabile in the centre of the patch and the cathode moved slowly around its circumference. Not enough current to arouse muscular contraction beneath should be given, —say from five to ten milliampères. It is to be understood, of course, that a good meter is employed in all applications; and we remark, in passing, that the full battery should be used, enough resistance being introduced by the rheostat to bring the current down to a definite strength. By this method the wear on the cells is equalized and a steady current is produced, whereas, under the use of a few cells only, constant undulation is the rule, and on sensitive points intermittent muscular contraction is apt to disturb the serenity of the patient, and by reflex trouble the operator.

Suppurative swelling of the skin or subcutaneous connective tissue, such as boils and carbuncles, may be averted, aborted, or cured by prompt galvanization in cases subject to such maladies if the disorganization has not gone too far.

Many cases of psoriasis are due to nervous depression, and in such galvanism is efficacious, not alone from its tonic effect on the system at large, but because the constant current is of itself frequently a decided curative in this affection.

In herpes simple or herpes zoster no agent is better adapted to remove the intense burning and prostration than mild but continued galvanization. The vesicles are rendered fewer, they are checked in their spreading, and drying is hastened by the current.

In the wretched suffering from skin poisoning after contact with the rhus toxicodendron and allied climbers, galvanism is specially efficient as a calmative and a curative.

Discolorations of the skin, such as lentigo (freckles), chloasma, vitiligo, and rosacea, are generally amenable to galvanic treatment.

In birth-marks, port-wine stain, varices, and the whole class of similar disfigurement, nothing equals galvanism, either applied by sponge-electrodes, or, when needed, by galvano-puncture, in remedying the cosmetic defect.

The epilation of hirsuties, or blemishes due to abnormal development of hair, particularly on the face of ladies, is only thoroughly possible under galvanism by means of the needle operation.

In alopecia, either general or circumscribed, there is no doubt but that galvanism is unequalled as a stimulant where the hair-bulb is yet alive. Many cases of baldness which have not yielded to the whole array of hair-tonics respond favorably to galvanism.

Cataphoresis, or the driving through the skin of medicinal solutions by the aid of galvanism, is likely to become valuable hereafter, though not much has as yet been done in this direction. Antiparasiticides are of greater service when thus used than when applied simply in lotions or ointments.

In obstinate gleet cures have been reported by electro-therapeutists when ordinary methods had failed. In such cases not dependent on narrowing of the canal, tender spots can be detected, and at these localities the mucous lining is more or less destroyed. In such places the stimulant effect of the current is energetic in healing the part, even when deep excavation is apparent. In the same way the local application is very useful in curing chronic ulcers of the leg, particularly when corrosive chloride is driven in under galvanism. A local galvanic couplet of zinc and silver may be worn continuously, or the ordinary application can be made by suitable electrodes and a portable battery.

The galvano-cautery is an energetic agent for the removal of warts, horns, excrescences, nævi, varices, and pedunculated marks. The heated wire has the advantage of being thoroughly aseptic, and hæmorrhage is always avoided by means of electric cautery. In chancres, chancroids, anal condylomata, and enlarged glands dependent on venereal diseases, the galvano-cautery is an efficient therapeutic agent. The opening of buboes is advantageously done by the galvanic knife, and drainage is facilitated because the opening does not tend to heal so rapidly as when done by the ordinary bistoury or scalpel.

No improvement in urethral surgery excels that lately gained by the electrolysis of stricture. Under this plan any contraction can be penetrated, even when the smallest filiform instrument is needed. There is no shock, no hæmorrhage, no resultant secondary inflammation, and no urethral fever attendant on urethral electrolysis. As the submucous deposit is absorbed and not merely divided laterally by the galvanic bougie, the tendency to renewed contraction does not exist; and this is a great advantage over forcible divulsion or cutting by concealed knives. Cases where recontraction happened after incision have stood the test of three years without their recurrence after electrolysis. The method is applicable to stenosis of any duct or passage accessible to the proper instruments. A good galvanic battery, such as the Barrett chloride-of-silver apparatus, a milliampèremeter, and a set of bougies insulated all except the point, from No. 1 to 30, are required. Beyond the armament, practice only, or a short study of the procedure by others, is necessary.

Galvanism has occasionally proved serviceable in chromophytosis (tinea versicolor), which, though usually easily managed, is sometimes stubborn.

Urticaria, or nettle-rash, is sometimes exceedingly troublesome to many persons from the irresistible desire to scratch, which only makes the trouble worse. Galvanism will always allay the itching, and in many cases the disorder is notably shortened in duration.

Considerable attention has of late been given to the assertion that cancer in various forms was curable by electricity. The method advocated is essentially the same as that for electrolysis of fibroids, needles being introduced at the negative and galvano-chemical caustic action established under strong currents. As yet not sufficient evidence is accumulated to render an opinion authoritative, but that destructive local action can be caused in accessible cancers by galvanism is undeniable. Whether or not a specific alterative effect is attainable is not yet determined. In lupus and lupoid ulceration the good effect of galvano-causty is undeniable; hence there may be something valuable in the proposal to thus deal with the terrible suffering undergone in cancer where objection is made to the knife.

Hæmorrhage from superficial cancer, or cancer of the womb, is checked by positive polar galvanization, as is that from varices which bleed.

Faradic electricity is often useful in the same affections for which static applications are recommended. Sometimes, although galvanism appears at first to be indicated, it fails to act as promptly as had been expected, and a preliminary treatment, once or twice repeated, stimulates the capillary circulation to increased activity, and then the full beneficial effect of the constant current is had. In many instances

the alternation of faradism with galvanism is better in its results than either form alone. Most of the diseases of the integument, in which intense itching or burning is associated, are proper cases for the use of faradic currents.

In hæmophilia and hæmatidrosis which are very dfficult to control, where the bleeding surface is extensive and where internal drugs do not check the flow, great danger to life exists from exhaustion. Faradism is, in these cases, invaluable, for it at once produces contraction of the capillaries.

Chilblains are immensely troublesome when once incurred, for they affect the patient year after year, even without fresh exposure to cold or to a temperature low enough to again freeze the part. Nothing is more serviceable than faradism in such cases, for it removes not only the burning at the time of recurrence, but it breaks up the tendency to return.

In acne lesions faradism sometimes quickly relieves the itching and reduces the swelling of the skin. As most cases are due to stomach disorder at any rate, the central method in conjunction with localized applications is specially indicated. It is immaterial, of course, which pole is applied to the solar plexus, as the current is a reversion one, and the lettering of the binding-posts is more ornamental than useful.

In all applications of electricity to the skin, gentleness is indispensable. In galvanization, particularly, every care must be taken to avoid interruptions of the current. All electrodes should be thoroughly washed after each time they are used with boiling water. Next they should be washed with an antiseptic fluid, boric acid or weak solutions of corrosive chloride of mercury being preferable. Always remember that many skin diseases are largely contagious, and dirty electrodes may in careless hands be the means of conveying a disease to a patient which he had not before he consulted the dermatologist, and which he never intended or expected to get in that way. In syphilitic disorders, particularly, the greatest care must be used, and it is better to employ covers on the electrodes, which can be thrown into the fire at once after using. The same precaution must be taken in applying cataphoresis—put on clean covers every time.

See that the battery, the coil, or the static machine is in good order for work every day before office hours; remember that the intensity for one patient will not agree with all; and be specially careful with ladies and children not to alarm them, for when this is once done they may be long in forgetting it.

A CONSULTATION THIRTY YEARS AGO.

By GEORGE J. MONROE, M.D.

SHORTLY after I began to practice medicine, I was asked to see Mrs. M., during a miscarriage, a case of which I had never before seen.

Having only a short time before been graduated, I had neither the experience nor the knowledge. Engaged as I was at once in an active practice, I found but little time to read, and on account of little clincial instruction, as compared with that of to-day while at college, I was turned out as ignorant and conceited an M.D. as was consistent with my egotism.

I had no difficulty in removing the fœtus, but the placenta, being attached, had to be separated with the fingers. Not finding more, I concluded that I had it all removed; but when the hand was withdrawn from the uterus, terrific hæmorrhage ensued, which was controlled by the administration of ergot and massage over the womb.

The hæmorrhage appeared daily, on the third day there being copious bleeding, all of which was checked by the ergot. As a natural consequence of this, my patient became very week,—no offensive odor, no purulent discharge, nothing but blood.

In my absence from town one day, she had a very profuse flow and sent for another doctor. He put wood-ashes in a cotton cloth and introduced it into the vagina as a tampon. Three hours after this, on my return, I was summoned, as the woman was suffering terribly from the caustic effect of the ashes, and removed the tampon, applying soothing remedies to overcome the irritation and inflammation caused by the ashes.

Extensive sloughing followed, however, resulting in a vesico-vaginal fistula, as well as atresia vaginæ. As the hæmorrhage persisted, I insisted upon another physician seeing her in consultation. Accordingly, an old physician, who lived in the town of S. and had become notorious, was sent for. I had heard much concerning him, and it was with fear and trepidation that I consented to meet him. He was

of that kind who took pleasure in the use of big words, and in the elaborate and extensive display of surgical instruments, which things no doubt gained him his great reputation, as he was an ignoramus of the first water.

Not wishing to be outdone as far as surgical display was concerned, and, not having many of my own, I scoured the country round about and succeeded in getting an excellent collection.

The day for the consultation finally arrived. The great doctor came, bringing a man with him to carry his instruments. I surreptitiously watched him get off the cars, and was in due time officially notified of his arrival. I donned my black hat and best suit of clothes, and with all the pomp I could muster marched to the house, followed by two good men and true, whom I had engaged to carry my load of tools.

On entering the room, I was introduced to the great Æsculapius, who hardly seemed to recognize me as a physician. On the table I found spread out several speculums, a dissecting case, a pocket case, three stethoscopes, an amputating case, and several other instruments.

On another table, with much precision, I spread my collection, namely, four pocket cases, three dissecting cases, two amputating cases, four stethoscopes; four vaginal speculums, two obstetrical forceps, an old-fashioned turn-key, several tooth-forceps, a case of fracture splints, and a good many other instruments. I viewed them from several parts of the room, and then announced myself ready for business, if my learned friend was.

He ungraciously said that he had been ready some time, that his time was precious, that he presumed his office was now full of patients awaiting his return. I then asked him to examine the lady, giving him no explanation of the case, but he did not ask me any questions, nor did he appear to consider me in the room at all.

In revenge, I decided, if it were possible, to trip him up before finishing with him. Such an examination, embracing some of the most nonsensical questions, I never before heard. As she answered, he would raise his hands and exclaim, ah! oh! yes! yes!! Bad sign! horrible case!!! It is well I was called in time! Treatment all wrong! etc. (He knew nothing of my treatment.)

His face assumed the wisest look. Solomon never looked so wise; his wisdom was as nothing compared with this man's supernatural wisdom. I controlled my temper, kept a straight face, and looked as knowing as possible under the circumstances.

Finally, he said, "I have now completed my examination. I perceive," he said, addressing me for the first time, "that you have entirely mistaken the nature of the case, but I think I can set you right." I replied, "I see, doctor, you have made a searching examination, but I am sorry to say you have overlooked the real difficulty." I then told him what the nature of the trouble was.

"Yes! yes!" he said, "I saw all that, but I thought best not to alarm Mrs. M. by talking of it in her presence. I left that for our private consultation."

Well, I was beaten badly; and the effrontery of the man! We resorted to another room for consultation. Here he tried to ignore me entirely, with the exception of telling me to take two ounces and a half of cloves, put them in a quart of water, boil down to a pint, and give her a tablespoonful three times a day, saying also that in a week she would be all right.

I had not yet caught on, and I felt rather chagrined, as I usually have been able to hold my own. At this moment a happy idea entered my mind. I said, "Doctor, how is it about the other trouble? I see you possess the faculty of locating a disease by looking at the patient's face. Did you not recognize further disease?"

He said, "I am satisfied something else ails the lady, but on account of time I have not fully studied her case; I will not have time to do it to-day, but when I get home I will recall her condition and write you. I must now get home to my numerous patients."

I said, "Doctor, I would like your valuable opinion, so I will try and state the trouble. As you have so ably prescribed so far, your further advice will, doubtless, be of great service."

I told him it was the most singular case I had ever heard of; that I had never seen a case of the kind, but I expected from his great experience he had witnessed many of them. The case was as follows:—

That instead of the urine passing the natural way, it all passed through her left ear. When the bladder became full she leaned her head to the left a little, and it escaped through the ear in quite a large stream.

I don't know whether or not the man knew I was chaffing him, but this was his reply:

"It is not a very common case; still, I have seen a number of the kind."

The best treatment he knew of was to take a chicken three months' old, pick off its feathers, put them into a quart of water, boil down to a pint, strain, and give a tablespoonful three times a day, which treatment would soon bring the urine the right way.

I thanked him for his able counsel and advice, and for the two remarkable prescriptions he had given me. The lady's husband paid him twenty dollars; he then packed up his instruments and took his departure. I repeated our consultation to the lady and her friends (unprofessional, I will admit); suffice it to say she did not take the medicine.

I sent to Chicago for Professor De Laskir Miller. He found, upon examination, a portion of the placenta still attached, which he removed, using his finger-nails as a curette. The hæmorrhage ceased.

Subsequently Mrs. M. visited Chicago, where she was successfully treated for atresia vaginæ and vesico-vaginal fistula. I think the lady is still living, having had several children since. If this article falls into Professor Miller's hands, I think he will recall the case.

Louisville, Sept. 2, 1889.

ABSTRACTS.

Congenital Elephantiasis.—A case of this nature was brought before the Eighteenth Congress of the German Surgical Association by Hr. Waitz, of Hamburg. The child, now two years of age, was the first-born of healthy parents, is delicate, rachitic, and its lower limbs are extraordinarily enlarged. The blood-vessels share in the enlargement. Telangiectases are marked. The lymphatic vessels are also increased in size, and the extremities are covered with vesicles filled with lymph. A considerable growth of hair is also present.—*Deutsch. Med. Zeitung*, May 30, 1889.

Pemphigus Communicated to a Child by a Cow.—Schoenberg reports the case of a child, five years old, who suffered from pemphigus universalis. Two cows belonging to the farm upon which the child lived were affected with a vesicular exanthem upon the udder. The disease began in a vesicle which developed from a scratch upon the finger. In another case the author had observed a vesicular stomatitis in a child who, for eight days, had drunk milk from a cow which had a vesicular eruption upon its udder.—*Deutsch. Med. Zeitung*, May 30, 1889.

An Epidemic of Chorea.—Dr. L. Laquer describes an epidemic which, in the summer of 1887, attacked sixteen school-girls in Schwanheim. The entire duration of the epidemic was one year. The patients varied in age from eight to twelve years. The first attacked was a twelve-year-old girl who had for three months suffered from attacks of hystero-epilepsy. After some punishment in school she was seized with choreic symptoms. A similar cause, together with fright and emotional excitement, preceded the development of the other cases. The writer considered the disease an emotional neurosis of epidemical hysterical nature, since it corresponded but slightly to the picture of chorea minor.—*Deutsch. Med. Zeitung*, May 30, 1889.

The Relation of the Digitalis Group to the Lesser Circulation.—A paper with this title was contributed by Dr. Openchowski, of Dorpat, to the session of the Eighth Congress of Internal Medicine, held at Wiesbaden, April 15 to 18, 1889. The author had connected the pulmonary artery of a large dog with the kymograph in order to study the alteration of blood-pressure produced by the drugs indicated. Small doses of helleborin gave rise to slight increase of pressure either in the right ventricle or the pulmonary vessels. In the beginning it even slightly declined. When the heart of a living animal was removed and placed in a warm solution of table-salt, the right ventricle continued to beat longer than the left, but after the administration of digitalis or helleborin the reverse was the case. In poisoned animals the left ventricle was always found contracted, the right relaxed. When the heart was exposed and the cardiac poison injected, the right heart beat more rapidly than the left. The action of the latter was retarded and the vessels notably enlarged. After death ecchymoses were found almost exclusively in the left ventricle, which seems to denote that the left and right coronary arteries are differently affected. This difference of reaction probably depends upon definite regulation-apparatus. With this fact accords the observation that in disease of the coronary arteries digitalis is often useless or even does harm.—*Wiener Med. Blätter*, May 30, 1889.

PATHOLOGY OF MINERS.—In the section of Medicine, of the Congress of Scientific Societies, held at Paris, June 11 to 15, 1889, Dr. Paul Fabre, of Commentry, spoke of the hygiene and diseases of workers in coal-mines. His researches treated of—(1) anæmia, especially that found among miners; (2) the hygienic condition of the mines; (3) the influence of subterranean work upon health; (4) the elevation of temperature in the mines; (5) the action of moist surroundings upon the workmen; (6) the anoxhæmia of the miners due to the influence of confined air; (7) the effect of the water in the mines upon the health of the laborers; (8) the sanitary condition of miners of the present day; (9) the effect of entozoa, and particularly of ankylostomes; (10) the different causes of the different forms of anæmia among miners.

He classified the diseases to which these men are subject into four groups: (1) of the air-passages (emphysema, chronic bronchitis, bronchial dilatation); (2) of the circulatory apparatus (anæmia, anoxhæmia, cardiac hypertrophy); (3) of the alimentary canal (dyspepsia, gastric vertigo, dysentery, helminthiasis); (4) of the organs of sense (otitis, deafness independent of plugs of wax and coal-dust, cutaneous eruptions, such as miliaria, furuncles, erythema, prurigo, conjunctivitis, nystagmus, developed especially among those who work lying upon their backs or in other unnatural positions).—*Le Progrès Médical*, June 15, 1889.

THE AFTER EFFECTS OF STRYCHNINE POISONING.—An excellent paper upon this subject is communicated to the Deutsche Medicinische Wochenschrift by Dr. G. Honigmann, first assistant in the clinic of Professor Riegel, of Giessen. On August 30, 1888, about noon, a man was brought to the clinic. He had left home at 6 A.M. apparently in good health, but half an hour later was attacked with a feeling of stiffness in the limbs. Painful twitches succeeded, and, when first seen, tetanic spasm was provoked by the slightest touch. Opisthotonos was marked. The pupils were unaltered and consciousness undisturbed. There was no trismus, no spasm of the pharynx or œsophagus. The history was clear, and, moreover, the stomach being emptied, strychnine was found upon chemical examination, while portions injected into frogs produced death from tetanus. The man recovered under the liberal use of chloral hydrate.

After the first dose of chloral he slept for several hours. His pulse was then found to be 104 and full. Upon the upper limbs reflex excitability was not increased. The muscles of the thighs were the seat of fibrillar twitchings. The skin reflexes were very active. Induction of the plantar reflex of one limb excited sympathetic movements in the other. Patellar reflex was remarkably increased. He complained of numbness of the head, stiffness of the limbs, and pains in the trunk.

He slept quietly during the night. In the morning of the second day the pulse was of normal frequency but increased tension. Twenty hours had passed since taking the poison, and but a minute quantity of urine had been voided. Albumen was unmistakably present. The color was clear, specific gravity 1020. It yielded no sediment. In the evening slight fever appeared (38.1° C.= 100.5° F.). There was abdominal pain and constipation. No œdema. During the second night a small quantity of clear urine of specific gravity 1010 was passed. It contained an abundant precipitate of albumen. It deposited a sediment in which were detected both white and red blood-corpuscles and a few hyaline casts. In the evening of the third day the temperature stood at 38° C. There was no fresh access of spasms. Reflex excitability was still active. Abdominal pain and constipation continued. The pulse was slow and strong. No œdema had appeared. On the fourth day there was a decrease of reflex excitability and the patient felt well. Albuminuria persisted; the urine was still scanty; the sediment rich in blood-corpuscles, hyaline and epithelial casts, and renal epithelium. The pulse was abnormally slow, full, and of high pressure. A little fever again occurred (38° to 38.4° C.). The kidneys began to resume their functions upon the fourth and fifth days after the skin had been roused to free perspiration. The albumen, casts, and cells began to decrease at the same time, but did not finally disappear until the fourteenth day. During all this time the pulse remained very slow.

The author explains the delayed manifestation of the symptoms by the fact that the poison was contained in the butter, and therefore was not absorbed until, gastric digestion being completed, the fat had passed into the small intestine.

He attributes the renal insufficiency and albuminuria to the influence of strychnine upon the circulation through the kidney by contracting its vessels. The resultant albuminuria is of that species which Cohnheim has termed ischæmic albuminuria. But the composition of the sediment indicated that a more permanent injury had occurred. The writer suggests that the renal epithelium had been affected, giving rise to an acute glomerulo-nephritis. — *Deutsch. Med. Wochenschrift*, May 30, 1889.

THERAPEUTIC NOTES.

SOME NEW FRENCH PRESCRIPTIONS.

Dr. C. Paul proposes the following as the best tooth-powder:—

℞ Bicarbonate of soda, . . 2 parts.
Saccharine, . . . 3 " —M.

He finds that it is a most powerful antiseptic against all the bacteria of the mouth.

Guajacol is recommended in place of creasote, as being much less irritating:—

℞ Guajacol, 7 grammes, 50 centigrammes.
Tinct. cinchona, . 20 grammes.
Malaga wine, . 1000 "

M. Each tablespoonful is 75 centigrammes, and one to three of them are given after each meal.

It may be used also in rectal injection when the stomach is bad:—

℞ Guajacol, . . . 2 grammes.
Sweet almond oil, . 20 "
Gum arabic, . . 10 "
Aquæ destill., . . 950 "

M. This is enough for four injections.

Heimann gives phenacetin in doses of 0 grammes, 10 centigrammes to 0 grammes. Forty per day to children with whooping-cough with great success.

For acne of the face M. Guilleton uses:—

℞ Iodochloride of mercury,
0 grammes, 30 centigrammes.
Lard, ... 30 grammes.

M. Sig.: Use a little with prolonged friction. The reaction produced is very energetic.

Professor Ball, who holds the mental chair at the Paris school, gives the following purgative pill at his clinic of mental diseases:—

℞ Aloes (succotrine), . . 2 grammes.
Resina jalap, scammony, and calomel, . . āā 1 gramme.
Ext. belladonna and hyoscyamus, . . āā 0.50 centigm.
Soap, ... 91 grammes.

M. ft. 100 pills.

Sig.: Three to five at night, as needed.—Dr. Thomas Linn, in *Times and Register*.

INFANTILE CARDIAC HYPERTROPHY (COPLAND).

℞ Infusion of digitalis, . . gr. 220.
Nitrate of potash,
Syrup of orange-flower, āā gr. 8.
Dilute prussic acid, . . gtts. 14.

M. Sig.: One teaspoonful every two hours for a child of five years.—*Revue de Thérapeutique; ibid.*

SKIN DISEASES.

The following hints from Lassar's skin clinic are of practical value; we have tested them in eczema. Instead of fats, porous pastes are used, made of the purest vaseline, with oxide of zinc and starch, rubbed slowly together. These may be readily mixed with most remedies in use; they dry quickly, and may be converted into permanent dressings by absorbent cotton, and this gauze be changed when saturated. On the face, and other parts not accessible to bandages, ample powdering upon the paste covered skin will afford a smooth and dry covering, which is easily removed by small oiled rags.

In eczema of all kinds the paste treatment offers great advantage over ointments. Lassar's usual formula is:—

℞ Acid. salicyl., . . . 2
Vaselin. flav., . . . 50
Zinc. Oxid.,
Amyli, . . . āā 25

In parasitic troubles (herpes tonsurans, etc.) sulphur precipit., 10 per cent.; sozojodol, 5 to 10 per cent.; or resorcin, 5 to 10 per cent., may be added. On hairy parts vaseline salves are better.

In ordinary dry or moist eczema of the scalp in children, the head should be gently washed with chamomile and soap, and then the following applied:—

℞ Acid. salicyl., . . . 1
Tr. benzoin, . . . 2
Vaselin. flav., . . ad 60

In intertrigo, penciling with a 3-per-cent. solution of nitrate of silver should precede the salve.

For frost-bites:—

℞ Acid. carbol., . . . 0.5
Vaselin.,
Ung. plumb., . . āā 10
Ol. olivæ, ... 5
Ol. lavand., . . gtts. 10
M. ft.

For calming inflamed skin:—

℞ Zinc. oxid., ... 25
Ol. amygd., . . . q. s.
M. ft. pastu mollis.

In acute eczema Lassar warns against watery solutions and compresses.

For pruritus:—

℞ Acid. carbol., . . . 1
Menthol, ... 1.5
Talci, . . . ad 50
M. Menthol-powder.

℞ Menthol, ... 2.1
Bals. Peruv., . . . 5
Ung. Wilsonii,
Lanolini, . . . āā 20
(With care on face.)

For pruritus ani, sitz-baths of tar-water and penciling with 2- to 3- per-cent. nitrate of silver solution; also carbolized-lead salve.

For acne vulgaris and rosacea a peel paste is used.

℞ B-Naphthol, . . . 10
Vaselin. flav.,
Sap. virid., . . . āā 20
Sulf. præcip., . . . 50

To be applied by the physician, and to remain fifteen to sixty minutes; then gently removed and replaced by powder or white paste. This is repeated after peeled surface is healed, or the following may remain over night:—

℞ Resorcin, ... 2.5–5.0
Zinci oxid.,
Amyl., . . . āā 5
Vaselin. flav., . . . 12.5
M. ft. paste.—*Int. Klin. Rundshau; ibid.*

WHOOPING-COUGH.

℞ Ext. cannabis indicæ, . . gr. xv.
Ext. belladonnæ, . . gr. viiss.
Alcoholis absol.,
Glycerini, . . . āā gr. lxxv.

Sig.: To a child of eight months to one year give 4 to 5 drops; one to two years, 5 to 8 drops; two to four years, 8 to 10 drops; four to eight years, 10 to 13 drops; eight to twelve years, 12 to 15 drops; over twelve years and to adults, 15 to 20 drops. The mixture is to be given only at night, or night and morning.—DR. VETLESEN, in *L'Union Médicale; ibid.*

INCONTINENCE OF URINE IN CHILDREN.

Dr. Descroizilles says that incontinence of urine in children, although frequently of nervous origin, also often accompanies constitutional weakness, and that the strict application of hygienic and dietetic principles will frequently effect complete cure. He has tried various remedies, and states that he has found certain formulæ, of which the following are modifications, to be most efficacious:—

℞ Extract of belladonna, . gr. vj.
Powdered gum arabic,
Powdered marsh-mallow, āā q. s.
M. Make into forty pills. One to fifteen to be taken daily, according to the severity of the case.

℞ Syrup of belladonna, . . f℥ij.
Syrup of tolu,
Syrup of marsh-mallow, āā f℥j.
M. A half-teaspoonful two or eight times a day.

℞ Atropine, ... gr. $\frac{1}{6}$.
White sugar, . . . ℥iij.
M. Make into forty powders. Two to four to be taken daily.

℞ Bromide of potassium, . ℥iss.
Cinnamon-water, . . f℥ij.
Syrup,
Syrup of bitter orange-peel, . . . āā f℥j.
M. A half-teaspoonful one to four times a day.

℞ Sulphate of strychnine, . gr. ij.
Syrup, ... f℥vj.
Water, ... f℥ij.
M. A half-teaspoonful one to twenty times a day.

Bromide of potassium is also useful in four-grain doses, given one to four times a day.—*Medical and Surgical Reporter.*

COLIC.

℞ Ol. terebinthinæ, . . . f℥j.
Chloroformi, . . . gtts. x.
Soda bicarb., . . . gr. x.
Mucilag. acaciæ, q. s. ad f℥iij.

M. Sig.: A teaspoonful every two or three hours for a child six months old.—D. BRADFORD BROWN, M.D., in *N. O. Med. and Surg. Jour.; ibid.*

PRURITUS ANI.

℞ Hydrarg. chlor. mitis, . . ℥j.
Balsami Peruv., . . . ℥iss.
Acid. carbolic, . . . gr. xx.
Lanolin, ... ℥j.

M. Sig.: Apply once or twice a day, after sponging with hot water.—DR. J. M. MATTHEWS, in *Progress.*

PILLS FOR THREATENED MISCARRIAGE.

℞ Pulverized gum-resin of asafœtida, . . 60 grammes.
Simple syrup, . . 6 "

For sixty pills: Commence with two pills a day and then increase one pill every two or three days. The results are excellent. — LAFFERTA and CUZZANI, *La Tribune Médicale; Times and Register.*

PREVENTION OF DENTAL CARIES.

℞ Rose-water, . . 500 grammes.
Tannin, . . . 8 "
Tincture of iodine,
Tincture of myrrh, . āā 5 "
Iodide of potassium, 1 "

M. Sig.: One teaspoonful in a glass of warm water, t. i. d.—*Revue de Thérapeutique; ibid.*

LAXATIVE POWDER.

℞ Powdered anethum,
Powdered senna,
Sublimed sulphur, . āā 6 grammes.
Powdered cream of tartar, 2 "
Powdered licorice, . 8 "
Powdered sugar, . 25 "

M. Sig.: Teaspoonful to a dessertspoonful to be taken at night in a little water.—*Ibid.*

LAXATIVE PILLS.

℞ Sulphate of iron,
Extract of aloes,
Extract of hyoscyamus, āā 1 gramme.
Alcoholic extract of nux vomica . . . 0.15 centigm.

Make fifteen silver-coated pills.

M. Sig.: One at night.—*La Normandie Médicale; ibid.*

VOMITING OF PREGNANCY.

(*a*) ℞ Elixir of opium, . . 30 drops.
Bromide of potassium, . 1 gr. 8.
Water, ... 60 grammes.

Sig.: For rectal injection.

(*b*) DUJARDIN-BEAUMETZ:—

℞ Chlorohydrate of cocaine, . . . 0 gr. 42.
Distilled water, . . 300 grammes.

Sig.: Take a teaspoonful every hour. To avoid the vertigo remain in the recumbent position.

(*c*) ℞ Fluid extract of viburnum, ... 3 gr. 75.

Sig.: To be taken at successive times.—*La France Méd.; Archives of Gynæcology.*

INFANTILE PHTHISIS.

℞ Lime-water, . . . 2 to 8 gr.
Cod-liver oil, . . 2 to 8 gr.
Iodide of potassium, . 2 to 0 gr. 10.

M. Sig.: Two or three times a day.—ELLIS.

SPIRIT OF TURPENTINE IN CROUP.

Dr. Lewentauer is said to have used the following formula in numerous cases with great success:—

℞ Rectified oil of turpentine, 1 fl. dr.
Oil of sweet almond, . 2½ fl. dr.
Simple syrup, . . . 5 fl. dr.
Mucilage of acacia, . 10 fl. dr.
Yelk of one egg.
Canella-water, . q. s. ad 3 fl. ounces.

M. Sig.: A teaspoonful every hour for a child ten years old.

CHOLERA INFANTUM.

℞ Phenic acid, ... 25 drops.
Alcohol, ... 25 "
Peppermint-water, . . 45 grammes.
Mucilage of gum arabic,
Syrup of poppy, . āā 15 drops.

M. Sig.: A tablespoonful every two hours.—*La France Méd.; Archives of Gynæcology.*

DR. BEVANS' TREATMENT OF CHOLERA.

The prophylactic:—

℞ Magnesia sulphite, . . 2 dr.
Sulphurous acid,
Water, ... āā 16 dr.
Tr. capsicum, . . . 4 dr.

M. Dissolve perfectly.

Sig.: Teaspoonful night and morning.

The therapeutic:—

℞ Sulphurous acid,
Water, . . . āā 16 dr.
Tr. capsicum, . . . 4 dr.
Morphine sulphate, . 2 gr.

M. Dissolve perfectly.

Sig.: Teaspoonful every half-hour until relieved.—*Medical Standard.*

PERCHLORIDE OF IRON IN DIPHTHERIA.

Knitschoffsky gives the following in the Wiener Klinische Wochenschrift:—

℞ Tincture of perchloride of iron, ... 8 parts.
Glycerin, . . . 15 "
Distilled water, . . 180 "

M. For children the dose is a teaspoonful every two hours; for adults, in proportion.

EXCESSIVE SALIVATION IN PHTHISIS.

Leibermeister, in the Deutsche Medizinische Wochenschrift, recommends the following prescription:—

℞ Sulphate of iron, . . 20 gr.
Carbonate of potassium, . 25 gr.
Powdered myrrh, . . 1 dr.
Sugar, ... ½ ounce.
Water, . . q. s. ad 8 fl. ounces.

M. Dose: One tablespoonful three or four times daily.—*Medical and Surgical Reporter.*

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SCIENCE IN FICTION.

IMAGINARY tales may be divided into a variety of classes according to the subject of which they treat. Thus we have the historical novel of Sir Walter Scott, the Indian novel of J. Fenimore Cooper, the marine stories of the same writer and of Captain Marryat, the rollicking Irish military novel of Lever, the realistic clerical novel of Anthony Trollope, besides a number of other species which will at once suggest themselves to the minds of our readers. Physicians have been writers as well as readers of fiction. The great French humorist, Rabelais, alternated between medicine and the church, and we catch a strange glimpse of him about 1535 performing a public dissection in the city of Lyons. Dr. John Moore, the father of the Peninsular general, was a member of our profession. His novel called "Zeluco" was very popular in its time, and its influence has been transmitted and extended through the poetry of Lord Byron. One of the pupils of Dr. Moore was Tobias Smollet, the author of "Roderick Random," who practiced medicine in the early portion of his career. In our own time and country, Dr. Holmes, of Boston, and Dr. Weir Mitchell, of Philadelphia, have made graceful additions to the store of light literature. Poetry, too, has been enriched by the contributions of medical men. Haller, the illustrious father of physiology, was a lover of the muses, and found time to compose three philosophical romances, a poem upon the Alps, and innumerable translations from the classics. The German poet Schiller was educated as a physician, and was for some time attached to a grenadier regiment stationed at Stuttgart. Several of the English poets had received a more or less complete medical training. We may instance Goldsmith, Coleridge, Crabbe, and Keats.

It appears to us that the medical profession is scarcely treated with just appreciation in works of fiction. It is, indeed, often the subject of unworthy flippancy. No Trollope has as yet arisen to portray the manners of medical men.

It is not, however, to medicine peculiarly or alone that we allude in our title. There appears from time to time a novel dealing with some scientific problem, theory, or personage, and these we may, perhaps, set apart as a class and style, for want of a better name, the scientific novel. One of the earliest and best-known specimens is Mrs. Shelley's "Frankinstein." It is a weird book, and doubtless a clever intellectual feat, more especially when it is considered that the fair author was but twenty years of age when it was published. It tells of a profound student of physiology who exhausted himself in researches upon the nature of life. At last, awful moment! his devoted labors are crowned with success. We should rather say, perhaps, partial success, for a monster rather than a man had been produced. The brutal violence of the monster brought destruction upon the family of his creator, while his efforts to understand the world into which he was ushered as a full-grown man gave opportunity to the daughter of William Godwin, true to her parentage, to philosophize upon language, education, and religion.

The vivisector has been depicted in "Heart and Science," by Wilkie Collins, and "Clara Vaughan," by Blackmore. He is a forbidding creature. Cold, cruel, relentless, he rather delights in than shrinks from the infliction of pain. Mr. Collins' physiologist is one of those loveless devotees of pure science, of cold reason, who exist, we suspect, rather in the vivid fancy of novelists than in the sphere of actual life. It has never, at least, been our lot, we are thankful to say, to meet with such stern and gloomy votaries. Physiologists, like novelists, differ among themselves. Some are less amiable, we suppose, than others, but their studies do not encourage brutality or cruelty.

Mr. Blackmore is a powerful writer. His plots are well devised; his stories abound in incident, action, and sensation; his style is beautifully picturesque and a trifle quaint. In "Lorna Doone" he has given a graphic picture

of the period of Monmouth's rebellion. We grieve that a favorite should fall into injustice. His experimenter is worse than that of Mr. Collins', an amateur at the best, and at the worst a vindictive, unscrupulous Corsican who swears a vendetta without cause, and, by mistake, kills not his enemy but that enemy's brother. The author, in addition to being a novelist, is interested in natural history, and is a devoted lover of dogs. Does he suppose that a physiologist cannot be fond of dogs? That does not follow. Prof. S. D. Gross, in his autobiography, speaks expressly of his love for the animal. He says that, nevertheless, he had sacrificed a great many, and should consider himself a very cruel man did he not bear in mind the objects for which his experiments were made and the resultant gain in professional knowledge applied to the benefit of humanity. Harvey's immortal discovery was the result of vivisection. The operations of Horsley, Keen, and others upon the human brain could never have been contemplated but for Ferrier's experiments upon monkeys. The ingenious proposition of Dr. Senn to inflate the intestines with hydrogen gas in case of penetrating wounds of the canal opens new possibilities for conservative surgery. His studies involved the death—not the torture—of numerous cats and dogs.

Much discussion was excited during the past summer by Brown-Séquard's statement that he thought it possible to prolong life and recall some portion of departed strength. The ancient idea of the "elixir of life" was that of a wonderful potion which should be able, by one draught, to regenerate the physical system, to recall and preserve indefinitely the vigor of youth. Modern science, if it should harbor the conception at all, would search for some agency able to maintain nutrition and prevent degeneration, not by a sudden influence but by habitual use. The old theory was utilized, or, rather, intended to be utilized by our great romancer, Nathaniel Hawthorne. For "Septimius Felton," published after the lamented author's death, was an uncompleted fragment. Hawthorne, however, lays little stress upon the elixir, but makes use of the idea of prolonged life to discuss, in his inimitable style, questions concerning life, manners, and morals. A pseudo-scientific conceit furnishes the *motif* of Stevenson's "Dr. Jekyll and Mr. Hyde," but so vivid is the presentation that we accept the transformations in the same spirit that we accept the ghosts in stories of the supernatural.

The latest tale of this kind that has fallen beneath our notice is entitled "Solarion," written by Mr. Edgar Fawcett, and published in Lippincott's Magazine for September. A selfish, unsympathetic, studious recluse becomes able, after a long course of breeding and electrical experiments, to produce the power of speech in a dog. The cerebral faculties were wonderfully stimulated, and after a final crucial experiment the dog learned to speak with much greater ease than the most capable child. "In a few weeks he had made brilliant progress." He acquired "the richest, sweetest, intonation," and "the purest of English." It seems, however, to have escaped the author's observation that the vocal organs are no less necessary to speech than mental ability. While, therefore, the anatomy of the larynx, the oral and nasal cavities, the form of the tongue, the configuration of the jaw, and disposition of the teeth remain unchanged, it will remain a physical impossibility for a dog to express himself in articulate language.

Such a work is a waste of time and ingenuity. No human interest attaches to the story, and the infusion of false science offers no attraction to the scientific mind.

RECENT LITERATURE OF RHEUMATISM.

THE idea expressed by the term rheumatism seems to be tending to acquire in Germany the same extension that the designation arthritic diathesis possesses in France. An able yet concise *résumé* of the subject has lately been published by Dr. Raphael Hirsch, of Hanover.* Acute inflammatory rheumatism, displaying fever, articular and cardiac involvement, is accepted as the typical expression of a complicated disease-process, the presence of which, however, may be traced in less characteristic manifestations. These may assume the form of acute muscular rheumatism, acute endocarditis, or genuine acute sero-fibrinous pericarditis. Considering these all of common

* Deutsch. Med. Wochenschrift, No. 18, May 2, 1889.

origin, Immerman * has grouped them under the title of polyarthritis sine arthritide. The same author, moreover, under the appellation "masked rheumatism" includes trifacial and sciatic neuralgia. Classen, indeed, the pupil of Edlefsen, goes still further, and, with the exception of cases due to disease of the central nervous system, to meningitis, syphilis, or malaria, refers the origin of every variety of neuralgia to the rheumatic taint. This opinion is founded upon the correspondence between the periods of the year, the houses and the neighborhoods in which neuralgia and rheumatism respectively prevail.

The belief gains ground that the disease, in all its complexity, depends upon the growth of a specific micro-organism. Indeed, the mycotic origin of rheumatism seems to be an opinion universally entertained in Germany. It is, however, confessed that as yet the causative germ has not been with certainty isolated. Wilson† and Mantle,‡ in the English periodicals have described different forms of bacilli and micrococci found in the exudations or the blood of rheumatism. Petrone, an Italian observer, detected in two cases of rheumatism monads similar to those which Klebs regards as giving rise to rheumatic endocarditis. Guttmann and Leyden, among the Germans, have also encountered several microbe-forms, but the germ origin of the malady, though highly probable, must be regarded as still undemonstrated.

Etiological conditions favorable to the development of rheumatism have been investigated by Edlefsen, Quenstädt, Hirsch, Feltkamp, and others. Edlefsen§ has studied the subject statistically, and some of the conclusions to which he is led are subversive of those hitherto current. In a discourse delivered before the Fourth Congress for Internal Medicine, held at Wiesbaden in 1885, he instituted a comparison between rheumatism and such inflammatory affections as are engendered by the impression of cold, as acute laryngitis and bronchitis. He denies that fluctuations of temperature stand in a causative relation to the former malady. On the other hand he expressly asserts that relative dampness of the soil hinders, while relative dryness favors, the appearance of rheumatic polyarthritis. Furthermore, he has ascertained that certain houses and certain neighborhoods are concerned in its production, whence he distinguishes it as a "house disease." The abode of its germ he believes to be in the subsoil. With these views Jürgensen and Friedländer substantially coincide. The independence of rheumatism of temperature and moisture are, in part, confirmed by Hirsch's study of the material of the Wurzburg clinic. The meteorological tables of Feltkamp have an important bearing upon this point. According to them, dry seasons are attended by numerous cases, so many, indeed, that they may be fairly looked upon as constituting an epidemic. This author likewise observes that cases originating simultaneously are marked by similar characteristics in their course. In a large number of carefully collected histories, Hirsch could find no more than 24 per cent. in which the illness was ascribed to the impression of cold.

The researches of Classen, to which passing reference has been made,* reveal the fact that neuralgia is most frequent at precisely the same periods as inflammatory rheumatism, and, what is still more significant, prevails in the same houses and neighborhoods. Out of a given number of houses in which neuralgia had occurred, 40.7 per cent. were found to have been "rheumatic houses."

The connection between rheumatism and, at least, a certain proportion of cases of chorea has long been advocated by English and French physicians. In Germany, however, it is but lately that the view has obtained assent. Henoch was the first, according to Dr. Hirsch, to maintain the same opinion in his well-known work upon "Diseases of Children." Prior and Litten agree in considering rheumatism as but one of the causes which leads to chorea. Classen points out that chorea, neuralgia, and rheumatism are most prevalent during the same periods of the year. Peiper was able to determine that, of Mosler's clinic, but 46.6 per cent. of chorea patients had been the subjects

* Deutsch. Med. Wochenschrift, No. 41, 1886,
† Edinburgh Med. Journ., June, 1885; April, 1886.
‡ British Med. Journ., June 25, 1887.
§ Zur Statistik u. Ætiologie des acuten Gelenkrheumatismus, 1885.

* Zur Statistik u. Ætiologie der Neuralgie. Diss., Kiel, 1886.

of inflammatory rheumatism. But the recent labors of Stephen Mackenzie* are almost conclusive. This author announces that of a total number of four hundred and thirty-nine cases of chorea, but fifty were free from rheumatic taint.

Classen has found that, in Kiel, 41.6 per cent. of the houses in which urticaria originates are those in which neuralgia also is common, while 64.4 per cent. of all cases of urticaria develop in houses in which neuralgia and rheumatism occur.

The subject of scarlatina-rheumatism has been much debated. Gerhardt is undecided whether it should be regarded as a mixed or a secondary infection Here, again, the statistics of Edlefsen and Struck cast a ray of light upon an obscure subject. Their statment is emphatic that almost all the cases of polyarthritis scarlatinosa are developed in rheumatic houses. This fact is suggestive, and, in fact, well-nigh decisive as to their identity.

Dr. Hirsch gives us, in the paper to which we have referred, drawn up at the request of the editor of our esteemed contemporary, the Deutsche Medicinische Wochenschrift, an excellent compendium of the views of Friedländer. We have not the space at our command to give the details of this summary. Moreover, the doctrine of Friedländer concerning the pathogenesis and pathology of rheumatism, however interesting, is largely speculative, and, in many respects, lacks confirmation. His theory is bold and suggestive, and was expounded before the same congress to which Edlefsen presented his important statistics.† He conceives that the disease is an infectious process, and that the *materies morbi* localizes itself in the central nervous system. This he denominates central rheumatism, in contradistinction to peripheral rheumatism, which is, in general, simply the result of cold. True, or central rheumatism, also, may attack the peripheral nerves. Central rheumatism may be localized in different portions of the nervous system, and, according to its position, its manifestations vary. He supposes that the central disturbances are functional and that the inflammatory accidents are secondary. If the medulla oblongata be primarily attacked the result appears in the form of articular rheumatism. The cardiac symptoms arise in consequence of the morbific influence exerted upon the pneumogastric nuclei. If the primary impression be made upon the cortex, cerebral rheumatism is produced; if in the heat-centre, pyrexia; in the trophic centres, a number of skin affections, such as urticaria, erythema, herpes, etc. He goes even further, and refers to a rheumatic taint such diseases as Landry's acute ascending paralysis, acute bulbar paralysis, morbus Basedowii, tetanus, diabetes insipidus, and diabetes mellitus. He looks upon the occurrence of arthritic and other inflammations as due to mixed infection, that is, to the simultaneous action of the true rheumatic germ and to those of common inflammation.

* Report on Chorea. Brit. Med. Journ., 1887, p. 425.

† Ueber Rheumatismus. Verhandl. des IV Congr. f. inner Medicin, Wiesbaden, 1885.

ORIGINAL RESEARCH.

THE microphotographs with Dr. J. A. Cutter's article in this number will probably attract attention, and the question will be asked, Why have they not been published before this date? The answer of the author is: We understand that in 1876 Dr. Ephraim Cutter gave up a large country practice, and moved to Cambridge, Mass., to prosecute, first, the rewriting of his work on uterine versions and flexions; second, the writing of a contribution as to galvanism of uterine fibroids; and third, the microphotography of the morphologies of the blood, sputum, etc. At this time Dr. Cutter became acquainted with Dr. G. B. Harriman, of Boston, surgeon-dentist, who owned Tolles' superb one-fiftieth and one-seventy-fifth inch objectives; and the two gentlemen went earnestly to work and made a series of microphotographs of healthy and diseased blood, and of the sputum, etc., which have not been equalled as works of art, they being accomplished with the finest instruments of precision known to the microscopical world.

The work just referred to not only antedated Koch's, but far surpassed it micrologically. A few were published in 1880, in the "Transactions of the American Medical Association," with Dr. Cutter's contribution as to the cura-

bility of consumption. We first saw the microphotographs in 1879; since then no one has brought forth anything that refutes the position taken by Dr. Cutter, and if we may judge by his reception abroad this summer by the British Medical Association, the British Association for the Advancement of Science, and the Society of Science, Letters, and Art, of London, there are good reasons to be proud of our distinguished author, and we hope that his original work in microphotography may receive the attention from the profession it justly deserves.

CORRESPONDENCE.

CASES WHICH TROUBLE US.

MR. EDITOR: You have not heard from us for a long time, and yet two months is not a long time in ordinary circumstances; but to an institution such as the "Improvidential Expensary and Take What You Can Get Poor Doctors' Combination" time hangs heavily on our hands when trade is dull—no! not dull, but stagnant. Thank heaven, we did have a case of interest lately,—one of extremely diffused *erythema*. (Is that properly spelled, Mr. Editor?) The rash was accompanied by fever, as near as we could judge by simple feeling, for our thermometer got broken shortly after inaugurating this enterprise, and the President of the Board of Managers would not permit the expenditure needed to replace it, owing to phenomenal low water in the treasury. He says the old one is good enough for our customers when we can't get anything from them, let alone the prescribed fee of twenty-five cents per shot, or five for a dollar, even if it is broken.

The importunities of the customer were dreadful to have us visit the child at her residence, but, although we have done this (on the sly, at an advance of five cents per time), we refused point-blank, for she got her tickets on tick, and we have doubts of the financial result. The child also kicked, and said she was too sick to stand the travel, but we stood firm. A few other children have dropped in for treatment, but after the second visit of Araminta Backalley (the erythema case) they "stopped short, never to go again," as the song says, but why, we don't know. We have tried all the remedies known to us for this skin disease without avail, and isn't it unusual, Mr. Editor, to have such terrible fever with erythema? It ain't exactly red, either; it is more of a dusky purple.

P. S.—The cat is out of the bag! There is a ruction brewing beside which our other misfortunes are as nothing. It isn't erythema; it is virulent scarlatina, if the doctor who was sent for to see Araminta at her home is not ridiculing our diagnosis. What shall we do? She can't recover, owing to loss of time in treatment.

P. S. No. 2.—All the other children who examined the Backalley case are down with sore throats, fever, and other violent disorders, and their parents are storming and threaten to tear out our concern. They also talk of suits for damages, as if they hadn't damage enough already! Oh, shades of Sophronia and Caucasus Coromandel, likewise Aggripena! Haven't we got into the bouillon too often! Good-bye!

N. B.—The youngsters on our staff have known for some weeks past (since the landlord became obtrusive in his remarks) that something was up in the Board of Directors. Now we know, but it is more properly described as *down*, not up.

Mr. Editor, the shebang is *bankrupt!* It is FIZZLED OUT!! DEFUNCT!!! The "Great Poor Doctors' Twenty Cents Per Visit and Be Thankful (Im)provident Expensary" is no more! We have turned our fixtures and paraphernalia over to the females, including our splendid brass sign with the beautiful red cross on it, and the horrible nightmare of our existence is gone but not forgotten. Won't you get that fellow who has been villifying us in cold type to let up on our successors? What we will do, now that our President has given us away in his interview with the public press at the outset, we can't tell, for people distrust poor and cheap doctors such as we were said to be. We are heart-broken (likewise pocket-broken), and we think of shaking the dust of Philadelphia from our feet. Good-bye, for the last time. Farewell! BIZ.

171717TH AVENUE, which *was* above Phil Bert.

THAT WONDROUS ELIXIR.

The years of her life numbered four-score and ten,
Her memory long ago failed her,
Her health was so feeble that medical men
Could not guess what the thing was that ailed her.
She was blind as a bat, as deaf as a post,
And everything seemed to confuse her;
We daily expected she'd give up the ghost,
And yet we all dreaded to lose her.

A short time ago, as a *dernier ressort*,
In hopes that it somehow might fix her,
We gave her in moderate doses a quart
Of Dr. Brown-Séquard's elixir.
It acted like magic; much younger she grew,
Her hair showed no silvery shade in,
And then, in the course of a fortnight or two,
She changed to a charming young maiden.

Yet still the elixir continued to act,
To childhood we saw her returning,
And fiction was not half so wondrous as fact,
For dolls she was found to be yearning.
She shortly became her great-grandchildren's pride,
With playthings and innocent prattle,
Until as a baby of ninety she died,
Choked to death, having swallowed her rattle.

—F. H. CURTIS, in *New York Sun*.

MEDICAL NEWS AND MISCELLANY.

OLIVER WENDELL HOLMES.

ON HIS EIGHTIETH BIRTHDAY.

Climbing the path that leads back nevermore,
We heard behind his footsteps and his cheer;
Now, face to face, we greet him, standing here
Upon the lonely summit of Fourscore.
Welcome to us, o'er whom the lengthened day
Is closing, and the shadows deeper grow,
His genial presence like an afterglow
Following the one just vanishing away.
Long be it ere the Table shall be set
For the last breakfast of the Autocrat,
And Love repeat, with smiles and tears thereat
His own sweet songs, that time shall not forget.
Waiting with him the call to come up higher,
Life is not less, the heavens are only nigher!

—JOHN G. WHITTIER, in *Philadelphia Inquirer*. 8th Mo. 26, 1889.

DR. THOMAS S. REED, of Philadelphia, died last month at Cape May, N. J.

DR. JOHN B. HAMILTON has removed to 924 McPherson Square, Washington, D. C.

DR. LEWIS A. SAYRE has been elected an honorary member of the St. Petersburg Medical Society.

DR. OLIVER WENDELL HOLMES celebrated his eightieth birthday in his seaside home at Beverly Farms, August 29.

DR. THOMAS A. DAVIE, surgeon for the Northern Pacific Railroad Company, died recently at Tacoma of typhoid fever.

GUS (pathetically)—"How I do suffer with hay fever! I'm almost dead!" Jack (heartlessly)—"Never mind. 'Sneezy death."

NEW HAVEN'S BITTER DIET.—New Haven people use from 10,000 to 12,000 ounces of quinine every year.—*New Haven Palladium.*

WHEN petroleum was first discovered in the United States it was bottled and sold for medicinal purposes under the name of rock oil.

DR. J. SOLIS-COHEN, of Philadelphia, was recently elected Honorary Fellow of the British Laryngological and Rhinological Association.

AN exchange reports that Dr. Malinconico, of Naples, claims to have discovered the microbe of old age, and is engaged in thinking out the best way to kill it.

DR. WALTER MCCLURG, United States Navy, has been appointed chief of the Bureau of Medicine and Surgery in the Surgeon-General's Department at Washington, D. C.

IN the Lying-in Hospital at Dantzic, Germany, a young mother was received on the 29th of July who was born on the 6th of August, 1876. Both children are reported as doing well.

THE Board of Managers of the Northern Home for Friendless Children have adopted a series of resolutions of respect to the memory of Dr. S. D. Gloninger, formerly an attending physician at the home.

DR. ANDEER, in Centralblatt f. Med. Wissenschf., reports the successful treatment of a rapidly-growing and painful keloid of the foot, by the application of a 1-per-cent. ointment of resorcin.

Mrs. McPhe—"Phat's dthe matther wid yure man the day, Mrs. O'Hay?"

Mrs. O'Hay—"He hild dthe dhrill fur two cross-eyed Oitalians, an' dthe doctur sez its nervous preparation he has."

A PHYSICIAN in Chicago with a foreign name is quoted as saying in a speech: "If they are going to close the saloons, we insist that the churches shall also be closed on Sunday." This is certainly a new idea.

THE VERMONT MICROSCOPICAL ASSOCIATION has offered a prize of $250 for the discovery of a new disease germ. Information can be obtained of C. Smith Boyton, M.D., Secretary of the Association, Burlington, Vermont.

NOVA SCOTIA is remarkable for the number of its old people. It has a larger population of centenarians than any other country, there being one to every 19,000 inhabitants, while England has only one in every 200,000.

A PRUDENT PLAN.—Customer—Now you are quite sure you have given me the proper drug and not some fatal poison? Druggist's Apprentice—Well, I wouldn't be real sure. Maybe you had better take some of it and see.

PREPARATIONS are being made in several German university towns to celebrate next year the 300th anniversary of the invention of the microscope. Zacharias Jansen, of Middelburg, put together the first microscope in 1590.

THE growth of electricity as a practical science is evidenced by the fact that a plan of organization is now being formed for an international electrical convention to be held in this country coincident with the World's Fair of 1892.

AMBIGUOUS.—"Doctor, how do you find patient to-day?"

"Oh, Mr. Jones, he is no worse."

"Do you anticipate a fatal result?"

"Fatal result! Well, medicine never failed to do its work yet."

THE CHILDREN'S SEA-SHORE HOUSE at Atlantic City is in need of funds. The contributions received by the managers have not been sufficient to meet the current expenses, and they have decided to

close the house. They yet need $1500 to meet the last two weeks' expenses.

THERE are some men who make a name for themselves in public life less because of any conspicuous talent for affairs than because of a certain affluence of human sympathy, and a capacity for making themselves understood by people of all grades of intelligence.

PROGRESS OF MEDICAL EDUCATION. — The Iowa State Board of Health has decided that Iowa medical colleges after 1891 must give a four years' course if they desire their graduates to be admitted to practice within the borders of the Commonwealth.— *The Medical Age.*

A WART MICROBE.—It is said that Dr. George Kuhnemann, working in the laboratory of Professor Schweninger, has succeeded in discovering the bacillus of ordinary epithelial warts. The fact that such warts are sometimes contagious would be explained by this discovery.—*Medical Age.*

DR. ANDREW BEDFORD, whose death at Waverley, Pa., has been reported, was born at Wyoming, Luzerne County, Pa., in 1800, and graduated from Yale College Medical School. He was the first physician in the Lackawanna Valley, and his early practice took him over a circuit of sixty miles.

The Doctor—"I think, my dear sir, that it would be better to have a consultation; your wife is seriously ill.

Anxious Husband—"There! I told my wife long ago she ought to have proper medical advice, but she was so afraid of hurting your feelings."

THE NEW HOWARD HOSPITAL.—The work done at the new Howard Hospital is rapidly increasing, there having been 927 new cases and 2389 visits during last July, besides the treatment of 15 accident cases. During the summer a dispensary service for diseases of children has been held daily.

DIPHTHERIA.—A recent dispatch from Carbondale says the citizens of that place have received a fright in the revelation of fifteen cases of malignant diphtheria reported in different parts of the city. In nearly every instance the disease has been of the pronounced virulent type, and several cases have proved fatal.

DR. M. ALLEN STARR will have an article on "The Old and the New Phrenology" in the October Popular Science Monthly, showing, with the aid of illustrations, what has been definitely learned about the location of the various mental faculties in the brain, and how the errors of Gall and Spurzheim have been exposed.

CURE FOR NERVOUSNESS. — The Queen of Sweden suffers from nervousness and is curing herself by means of the chambermaid treatment. That is, she rises early, makes her own bed and cleans her own room and then works in the garden for the best part of the day. All this is by order of her physicians.—*Boston Journal.*

A NEW use for rabbits has been found by the physicians of the Birmingham, England, Lunatic Asylum. A number of wild rabbits have been turned loose onto the fields adjoining the institution, so that the inmates will be amused by seeing the rabbits run about, and to divert the minds of the patients is one of the great objects of the institution.

THE death of Dr. John T. B. McMaster, a prominent physician of Pocomoke City, is announced. He was sixty-one years of age, and highly esteemed. Dr. McMaster was born in Worcester County on December 18, 1827, graduated in 1850 at the University of Maryland, and located for the practice of his profession at Pocomoke City.

THE new maternity ward of the University Hospital was opened with one patient. The building is situated on the southwest corner of the hospital grounds, is a one-story structure of Gothic architecture and contains five beds. The ward is in charge of Nurse M. Wilson, who is assisted by Miss Yost. The visiting physicians are Drs. Barton C. Hirst and Richard C. Norris.

JOURNALISM UNDER DIFFICULTIES.—A Tennessee editor gives this account of the difficulties under which he labors: "How is it that our readers expect us out here, twelve miles from a railroad, twenty-five miles from a river, millions of miles from heaven, about two miles from the devil and only two hundred yards from a whisky shop, to get out a newsy, lively and interesting paper?"—*Mobile Register.*

A LETTER has been received by the State Department, from the United States Consul at Valparaiso, announcing the death in that city, on June 30th last, of Dr. Nathaniel Emmons, from Delaware, Ohio, who had practiced dentistry there for twenty years. He had won a reputation in Valparaiso as a good citizen and a skillful practitioner, and his death brought forth highly eulogistic notices from the press.

YOUNG AMERICA AND THE FAITH DOCTOR.—A Scranton mother, whose son had toothache, took him to a faith healer. "Look me in the eyes," said the doctor, fixing a fascinating gaze on the weeping youth. "Now your toothache has entirely disappeared. You haven't a bit of toothache about you." "You lie! I have," yelled

the boy, with a fresh howl. The mother then took him to a dentist.—*Pittsburgh Dispatch.*

CHANGES AT THE PENNSYLVANIA HOSPITAL.—Dr. C. S. Birdfute has resigned his position at the Pennsylvania Hospital, to take effect October 1st. On that date the term of the senior resident, Dr. Thomson Westcott expires. Dr. F. B. Gammey will probably be elected to fill Dr. Birdfute's position, and Drs. Le Conte and Downes will each advance one step on the medical staff. Dr. Joseph Leidy, Jr., will probably be transferred from the insane department to the hospital proper.

SURGEON ANDREWS REWARDED.—Some weeks ago Police Surgeon Thomas H. Andrews, of this city, was presented with a handsome badge at his residence, No. 1117 Spruce Street, by the Association of Police Surgeons, of which Dr. W. M. Angney is president and Dr. D. W. Miller treasurer. The presentation speech was made by Dr. P. E. Loder. The badge was given to the well-known physician as a mark of esteem by his assistants, to whom he has shown nothing but kindness.

FRENCH CONGRESS OF SURGERY.—The fourth session of the French Congress of Surgery will be held at Paris, October 14th to 20th, with Baron Larrey as president. The following subjects will be discussed: (1) The immediate and remote results of operations for the removal of tuberculous growths; (2) The surgical treatment of peritonitis; (3) The treatment of aneurisms. Address all communications to Mons. F. Alcan, 108 Boulevard St. Germain, Paris; or to Dr. S. Pozzi, Secretary-General, 10 Place Vendôme, Paris.

DR. BROWN-SEQUARD now holds the chair of experimental medicine in the College of France. He has a wide practice as consulting physician in diseases of the nervous system. He has been especially successful in treating obscure diseases of the spinal column. While practicing in New York he started, in conjunction with Dr. E. C. Seguin, a medical journal entitled Archives of Scientific and Practical Medicine. He was born in 1818, but is not in his dotage, as some hasty people have asserted. In fact, he does not look his age by ten years and his mind is as clear as ever.

DR. BROWN-SEQUARD is an American. His father, Captain Edward Brown, of the American navy, was a Philadelphian and married a French woman on the Island of Mauritius named Séquard. He and his descendants took the name of Brown-Séquard. The distinguished scientist, whose so-called Elixir of Youth is making a sensation, was the eldest child. He was educated in France, but was afterward a professor at Harvard and practiced medicine in New York for some years subsequent to 1873. He married twice, his first wife being Miss Fletcher, of Boston, a relative of Daniel Webster.

SCIENTISTS IN WASHINGTON. — Professor Goode made some time ago a calculation and comparison to show the proportion of scientific workers to the population. He discovered the astonishing fact that there are more scientists in Washington to the population than in any other city in the country. It is ahead of Boston and Cambridge. For the whole country there is one scientist to every 10,000 inhabitants. In Washington every five-hundredth man is a scientist. That is 350 better than Cambridge, 600 better than New Haven, 8300 better than New Orleans, 23,500 better than Jersey City, and 6500 better than New York.—*Press.*

SUPERINTENDENT OF DELAWARE'S ASYLUM.—Dr. D. D. Richardson, of this city, has been elected superintendent of the Diamond State Insane Asylum, Farnhurst, Delaware. The institution is under the control of the State and is the only one in the State. The salary of the new superintendent will be $1800 per annum, with subsistence and two servants. He at once accepted the election, and will take charge September 1st. Dr. Richardson is a graduate of the University of Pennsylvania, and was for over twenty years connected with the Pennsylvania Hospital for the Insane. He was afterward superintendent of the Warren, Pa., Insane Asylum.

ACCORDING to a computation just issued by an eminent statistician, the cost in human life of the wars of the last thirty-four years has been 2,253,000 souls. The Crimean war cost 750,000 men; the Italian war (1859), 45000; the Danish war (1864), 3000; the American civil war—the Northern States 280,000, the Southern States 520,000; the Austro-Prussian war, 45,000; the Franco-German war—France 155,000, Germany 60,000; the Turco-Russian war, 250,000; the South African wars, 30,000; the Afghan war, 25,000; the Mexican and Cochin-Chinese expeditions, 65,000; and the Bulgaro-Servian insurrection, 25,000. This list does not include mortality from sickness.

THE Government of New South Wales has appointed a committee, consisting of Sir Charles Nicholson, Bart., M.D., D.C.L.; Sir James Crichton-Browne, M.D., LL.D., F.R.S.; the Hon. H. N. MacLaurin, M.D., LL.D.; and Sir Saul Samuel, to select designs for four large stained-glass windows, which are to be placed in the Medical Hall of the University at Sydney. The windows are to contain sixteen full-length figures, and it is desired that these should represent the Fathers of Medicine and the most eminent members of the medical profession down to the

present time, so that the youths of the colony entering on the study of medicine may be perpetually reminded that their science and art have had an illustrious history.—*Lancet.*

A JUST TRIBUTE.—Dr. Ephraim Cutter, of New York, responded for America to the toast, "Our Guests," at the banquet of the British Medical Association. He read at the meeting a paper on the "Galvanism of Uterine Fibroids," and closed the discussion on the same subject. Dr. Cutter also demonstrated on the screen his slides of microphotographs of healthy and diseased blood, the morphology of the sputum, fæces, urine, skin, and foods. These microphotos were taken in 1876 with Tolles' one-fourth, one-sixteenth, one-fiftieth, and one-seventy-fifth inch objectives by Dr. Cutter and Dr. G. B. Harriman, of Boston. It has been our pleasure to see these microphotos, and they not only antedate Koch's work, but cover a very much larger field.

CONGRESS OF DERMATOLOGY AND SYPHILOGRAPHY.—Amongst the numerous Medical Congresses which have recently been held in Paris, that on Dermatology was one of the most successful. At its last session on August 10th it was resoived that the Congress should be a triennial one, the motion being supported by Dr. Unna of Hamburg, Dr. E. Schwimmer of Buda-Pesth, and Mr. Malcolm Morris of London. A vote was also taken as to the place where this International Congress of Dermatologists should meet in 1892, when the choice fell on Vienna, for which fifty-two votes were given; London received thirty-seven votes, and Hamburg one. Another result of the meeting has been the formation of a French Dermatological Society, with M. Ricord as its president.—*Lancet.*

A BOSTON man, writes the New York Sun, tells of a scene in a dispensary in that city. There came to the dentist of the dispensary an elderly Irishwoman with her strapping daughter. The mother was urging her daughter to have a tooth pulled, and the latter, after much persuasion, seated herself in the chair. The inquiries of the dentist as to which was the aching tooth brought out the information that none of them were particularly out of order, but as they were both quite positive that whenever a woman bore a child she must lose a tooth, they had thought it best to have a tooth out before it began to decay and ache. "Which one shall I pull?" asked the dentist, much diverted. "Sure," said the mother, "it's yersilf'll be nowin' wich wan'll be achin'. It's her furrust choild, an' the foinest by ye iver laid ois on."

ANOTHER FREE HOSPITAL.—A new hospital will be opened in the northeastern section of this city at the beginning of the year. John B. Stetson is the founder of the charity.

The structure, which is already up to the third story, will be of brick, five stories high, with a tower seven stories high, containing a staircase.

No expense will be spared to make it a first-class home for sick people. Every modern invention of medical science will be found there, and the inmates will be received without money.

Presumably the same staff of physicians who are connected with Mr. Stetson's dispensary will have charge of the hospital. These gentlemen are: Dr. Carl Seiler, physician-in-chief; Dr. Charles L. Weed, secretary of staff; Dr. J. Reed Conrad, Dr. John S. Miller, Dr. Frederick M. Strouse, and Dr. Howard A. Kelly. J. Howell Cummings, secretary of department, will also probably be connected with the hospital.

APPOINTED PROFESSOR OF PATHOLOGY.—At the last meeting of the Faculty of the Medico-Chirurgical College, Dr. Ernest Laplace was appointed Professor of Pathology. Professor Laplace is a native of New Orleans, and a graduate of the Literary Department of the Georgetown University, D. C. After several years' study in Tulane University and the Charity Hospital, he went abroad, and graduated in the Faculté de Médicine de Paris, where he studied under Pasteur and Cornil. He afterward spent seven months in Vienna, under Billroth and Stricker, and a year in Berlin, with Koch and von Bergmann. While with Koch he discovered the superior efficiency as a germicide of acid sublimate of mercury, and of sulpho-carbolic acid as a disinfectant. After his return to New Orleans he instituted a Pasteur laboratory for the treatment of hydrophobia, and was elected Visiting Surgeon to the Charity Hospital. At the time of his call to this city he was Professor of Physiology and Hygiene in the High School Department of the Tulane University, and Demonstrator of Microscopical Anatomy and Bacteriology in the Medical Department of the same school.—*Times and Register.*

ARMY MEDICAL BOARD.—An Army Medical Board will be convened in New York City, N. Y., October 1, 1889, for the examination of such persons as may be properly invited to present themselves before it as candidates for appointment in the medical corps of the army.

Application for an invitation should be addressed to the Secretary of War, stating date and place of birth, place and State of permanent residence, and accompanied by certificates, based on personal acquaintance, from at least two persons of repute, as to citizenship, character, and moral habits; testimonials as to professional standing, from the professors of the medical college from which the applicant graduated, are also desirable. The candidate must be between twenty-one and twenty-eight years of age,

and a graduate from a regular medical college, evidence of which, his diploma, must be submitted to the Board.

Further information regarding the examinations and their nature may be obtained by addressing the Surgeon-General, U. S. Army, Washington, D. C.

A Novel Cure for Wrinkles.—Speaking of tan reminds me of a receipt given me by a woman on Grand Street, who is quite celebrated in the art of preserving beauty, and who is frequently consulted by the very best of New York upper society. She told me it was handed down to her by her grandmother, who was of Persian descent and who kept her face white and unfurrowed in passing years by the application of uncooked veal. She said it should be put on at night, when the muscles of the face are relaxed, and so fall into the little curves and lines. After the veal is taken off the facial muscles should be rubbed upward, instead of downward, as is usually the way. With a soft towel continue to wipe the face upward for several minutes. This has a tendency to keep the flesh thick under the cuticle instead of wearing it away. The facial muscles, she asserts, need exercising, and advises the chewing of a bit of chamois-skin once or twice a day, the end placed between the teeth and chewed gently for several minutes, taking care not to raise the teeth from the leather. This brings into play, it is said, a different set of muscles from those used in mastication—in reality, the ones which give the youthful roundness to the face. Mrs. Langtry uses the veal and calls it an old Welsh fancy.—*Detroit Tribune.*

The late Dr. Addinell Hewson, of this city, died September 12th, in his sixty-first year, at his residence, No. 1434 Spruce Street.

Dr. Hewson was born in Philadelphia Nov. 22, 1828, his parents being Dr. Thomas T. and Emily (Banks) Hewson, making the fourth generation of physicians in the family. His grandfather was the celebrated surgeon, William Hewson, F.R.S., of London, an associate of the famous Dr. William Hunter, the anatomist at the Wind Mill School, London; author of "The Lymphatic System in Birds and Amphibious Animals," "Lymphatic System of the Human System," "Inquiries into the Properties of the Blood," etc., to whom, in 1760, the Copley Medal was awarded by the Royal Society of Medicine, and whose collected works were republished by the Sydenham Medical Society in 1846. Dr. Hewson, the subject of this sketch, received his preliminary education at the University of Pennsylvania, both in the Academic and Art Departments, and his early professional education at Jefferson College, from which he graduated in 1850. He subsequently pursued his medical studies in Paris and Dublin, being, during his residence in the latter city, a pupil of Sir William Wilde, and serving as interne at the Dublin Lying-in Hospital. While in the latter city he was notified of his election as Resident Physician at the Pennsylvania Hospital, and returned to this country for the purpose of assuming the duties of that position. Since that time he had been a resident of this city, making a specialty of surgery. In 1852–53 he was Visiting Surgeon to the Episcopal Hospital; subsequently, Visiting Surgeon to the Wills Ophthalmic Hospital, and since 1861 he had been a Visiting Surgeon to the Pennsylvania Hospital.

He was a member of the State and County Medical Societies, of the College of Physicians, Pathological Society, Academy of the Natural Sciences, and St. George's Society, having been surgeon to the latter for more than thirty years. In 1853 he was the editor of Wilde's "Aural Surgery," undertaking the work at the request of the author. He edited the American edition of Mackenzie's "Diseases of the Eye," and was himself the author of a very readable work, "The Use of Earth in Surgery," in the practical exposition of which he became distinguished, and of numerous papers to medical journals. One of the latter claimed universal attention, "The Influence of the Weather Over the Results of Surgical Operations." He was married in 1854 to Rachel Macomb Wetherill.

BOOK REVIEWS.

A Manual of Chemistry. For the use of medical students. By Brandreth Symonds, A.M., M.D., Assistant Physician to Roosevelt Hospital, Out-Patient Department, New York. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1889.

For laboratory work the author has given the student a manual of good reference. Twelve chapters, with a table of metric weights and measures, are included in this work, the author devoting much space to chemical reactions, which occasion the student so much trouble. Each chemical subject is well treated, showing the author clearly comprehends the subject on which he has written.

Lectures on Obstetric Nursing. Delivered at the Training School for Nurses of the Philadelphia Hospital. By Theophilus Parvin, M.D., Professor of Obstetrics and Diseases of Women and Children at Jefferson Medical College; Obstetrician to the Philadelphia Hospital. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1889.

The two lectures given by Dr. Parvin, with the added appendix, form a ready reference book which can be used alike by physicians and

nurses. The different subjects spoken about by the lecturer are so arranged as to be quickly observed by one glancing through the pages. Small hand-books on nursing in the different departments of medicine are very useful for the busy physician and the nurse who requires to be posted upon the case of the patient.

Transactions of the Michigan State Medical Society. Twenty-fourth annual meeting, held in Kalamazoo, June 9 and 10, 1889. O. S. GULLEY. East Detroit, Michigan: Barnman & Co., 18 Larned Street.

This society, at its annual meeting, accomplished much valuable work, as is well shown by this excellent volume. It includes some very interesting addresses and papers, especially those by the President, Dr. Simeon S. French, of Battle Creek, and Dr. Henry Lyster, of Detroit. The latter address, on "The Influence of the Mind in the Cure of Diseases," contains all the recent observations upon this important topic. Dr. George Duffield, the editor, and his colleagues, have been most prompt in issuing this annual volume.

A Laboratory Guide in Urinalysis and Toxicology. By R. A. WITTHAUS, A.M., M.D., Professor of Chemistry and Physics in the Medical Department of the University of the City of New York, etc. Second edition. New York: William Wood & Company, 56 and 58 Lafayette Place. 1889.

Dr. Witthaus, who is one of the best-known chemists, has again given to the profession a small hand-book which is of the utmost value, especially in office and visiting practice. The manual is like a medium-sized pocket-book and can readily be carried around without any inconvenience. The methods set forth for the examination of urine are so plainly described as to be of great service to both physicians and students. The part devoted to the detection of poisons is so clearly and well expressed as to form a most important guide for every one practicing medicine.

The Physicians' Leisure Library. On Disordered Digestion and Dyspepsia. By FRANK WOODBURY, A.M., M.D., Honorary Professor of Clinical Medicine in the Medico-Chirurgical College of Philadelphia, etc. Detroit, Michigan: George S. Davis. 1889.

Dr. Woodbury, who is well known for his exceedingly interesting views upon this subject through his well-conducted clinical lectures, has produced a small book containing much valuable knowledge. The author discusses digestion and its disorders in such a manner as to be well understood by his readers. The treatment, which forms a large portion of this little book, abounds in good advice and some most valuable points. The concluding portion of the book gives the reader very many useful dietetic hints for dyspeptics, which are valuable for the healthy as well as the sick to know.

Inebriety: Its Etiology, Pathology, Treatment, and Jurisprudence. By NORMAN KERR, M.D., F.L.S., Consulting Physician Dalrymple Home; President Society for the Study of Inebriety; Fellow Medical Society of London; Chairman British Medical Association, Inebriates' Legislation Committee; Corresponding Member Medico-Legal Society of New York and American Association for the Cure of Inebriates. Second edition, revised and enlarged, in one volume of over 450 pp., cr. 8vo. London, W. C.: H. K. Lewis, Medical Publisher and Bookseller, 136 Gower Street. Price, 12s. 6d. Philadelphia: F. A. Davis.

Dr. Kerr, who is one of the best-known writers and physicians on inebriety in the world, has written the best arranged and the most valuable work upon this subject. The second edition, which includes all the recent views on inebriety, is divided into twenty-three chapters and an appendix. Inebriety in its relation to insanity is treated of in Chapters I and II. The various forms of the disease are described in Chapters III to VII; and the author also here describes "Is there a Tobacco Inebriety?" In Chapters VIII to XIII the etiology and pathology of inebriety receive due attention. The treatment of the disease, upon which Dr. Kerr is especially well versed, occupies a very large portion of the remaining part of the work, and a thorough consideration of the pages, in which the author shows great originality, will be of value to every physician.

A Manual of Instruction for Giving Swedish Movement and Massage Treatment. By PROF. HARTVIG NISSEN, Director of the Swedish Health Institute, Washington, D. C., etc. With twenty-nine original wood-engravings. Cloth, 8vo, pp. 128. Price, $1.00. Philadelphia: F. A. Davis.

The success of the Swedish movement in this country has prompted our author to formulate his methods and publish the same in the form of a well-arranged book, with extracts from physicians who have observed the effects of this method of treatment amongst their patients. The illustrations, together with the details connected with massage, will prove interesting to those who would like to have some practical idea of the manner in which this treatment is conducted. Professor Nissen expresses his thoughts in a manner to make his instructions very interesting to those who naturally take up

this plan of treatment. The book is divided into four chapters, the first being given to a history of the method, while the second and third are taken up with a description of the details relating to the various movements to be inaugurated. Chapter IV is devoted to a study of the different diseases to which massage is appropriate, and comprises no less than seven groups. Group III covers diseases of the organs of circulation, and embraces chronic heart diseases and cold hands and feet.

Our author, who has had much experience, has detailed in this little work many suggestions which will be of utility to physicians. The publisher, with his usual practical adaptability, has supplied the book with some wood-cuts which are striking in their illustration of the several movements for Swedish and massage treatment.

Wood's Medical and Surgical Monographs. Consisting of original treatises, and of complete reproduction, in English, of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc. Published monthly. Single copies, $1. Price, $10 a year. New York: William Wood & Co. 1889.

In our June issue we noticed the first three numbers of this series, and we regret that, owing only to the recent delivery to us of the volumes published until September, we have not been able to review the one sent out each month. The April publication contains an article by Dr. Gargues-Mayer on "Diabetes and its Connection with Heart Disease," and the remaining contribution is by Dr. Ernest Finger, on "Blenorrhœa of the Sexual Organs and its Complications." The latter subject is one of much interest to all practitioners, and it contains several excellent illustrations and much interesting reading matter upon a very abstruse and important topic. Sir Henry Thompson has, in the May number, three very practical lectures on "The Preventative Treatment of Calculous Disease and the Use of Solvent Remedies,"—all of the agents found useful by this distinguished surgeon, and spoken about in his usual happy manner. The balance of this volume includes a well-written account of "Sprains: Their Consequences and Treatment," by Dr. C. W. Mansell Moullin. Dr. August Schreiber, in a very extensive and valuable contribution, occupies the entire number for June. The text of this article is remarkably good, and it is well illustrated by cuts, which increase very much the interest in the contribution. The July issue includes five able articles, as follow: "Cancer and Cancerous Diseases," by Sir Spencer Wells; "Cardiac Dyspnœa and Cardiac Asthma," by Dr. S. von Basch; "The Influence of Menstruation and of the Pathological Condition of the Uterus on Cutaneous Diseases," by Dr. L. Grellety; "Tension as met with in Surgical Practice, Inflammation of Bone, Cranial and Intercranial Injuries," by Dr. F. Bryant, and "Antisepsis and its Relations to Bacteriology," by Dr. J. Nendorfer. The last-named contribution contains a very great amount of original observations, made by one of the best-known writers and authors upon a subject now receiving a large share of investigation from physicians in all parts of the world. The remaining volume we have received—the August—has three contributions of great practical utility. They are upon "Syphilis, and the Treatment of the Present Time," "The Treatment of Inebriety in the Higher and Educated Classes," and a "Manual of Hypodermic Medication," by Drs. Bourneville and Briscon. The authors of this last article give a most thorough description of all remedies now employed for this form of medication.

Atlas of Venereal and Skin Diseases. Comprising original illustrations and selections from the plates of Prof. M. Kaposi, of Vienna; Mr. J. Hutchinson, of London; Prof. J. Neuman, of Vienna; Profs. A. Fournier and Hardy, and Drs. Ricord, Cullebrier, and Vidal, of Paris; Prof. Leloir, of Lisle; Dr. Unna, of Hamburg, Dr. Silva Aranjo, of Rio Janeiro; Dr. P. A. Morrow, of New York; Dr. E. L. Keyes, of New York; Dr. A. R. Robinson, of New York; Dr. J. Nevins Hyde, of Chicago; Dr. Henry G. Piffard, of New York, and others. With original text by Prince A. Morrow, A.M., M.D., Clinical Professor of Venereal Diseases, formerly Clinical Lecturer on Dermatology in the University of the City of New York, Surgeon to Charity Hospital, etc. New York: William Wood & Co. 1889. Fasciculi XIV and XV.

We have, in previous numbers of the BULLETIN, referred to the fasciculi that have preceded those before us. The text of these last issues treats of lupus, sarcoma, epithelioma, scabies, pediculosis corporis, chromophytosis, tricophytosis, favus, and eczema marginatum. The diseases referred to are all carefully considered by the author, and are accompanied by some typical illustrations. Eczema marginatum is classified as belonging to the parasitic affections, and the author makes reference to the exaggerated forms of the disease he has observed in Mexico and the Sandwich Islands. According to Dr. Morrow's experience, an ointment of chrysarobin, 10 per cent., and salicylic acid, 5 per cent., is one of the efficient topical applications. He prefers, he adds, to use these drugs, singly or in combination, in collodion or traumaticin, forming a fixed, impermeable dressing, which may be renewed whenever it begins to crack or lift up from the surface. An index is to be found accompanying the fifteen fasciculi.

COMMERCIAL NEWS.

Menorrhagia, Leucorrhœa.

Macadam Grigor, L.R.C.S., L.R.C.P., Alexandra Avenue, Battersea Park, London, says: "F. O., aged 32, widow, one child, suffered for years, and was frequently under medical treatment, getting little or no relief. When she came under my care, about three months ago, I found her very weak and anæmic, complained of pain in left hypogastric region and sympathetic vomiting. She told me that at the menstrual period she nearly flooded, and between the times, only fourteen days, she suffered very much with the whites. I thoroughly examined her and diagnosed: Irritation of left ovary, menorrhœa, leucorrhœa, prolapsus with atercision of uterus, inflamed meatus urinaris, the effect of this being anæmia. Under treatment she improved in general health, but still the menorrhagia and leucorrhœa continued, though I had exhausted the remedies used in such cases. When the Aletris Cordial came under my notice, about six months ago, I put my patient under its treatment, with the result that the menorrhœa and leucorrhœa have ceased, and the slight prolapsus uteri gives no discomfort. I may state that I still keep her under the tonic."

Protecting Investors.

The system employed by the Guaranty Investment Co., 191 Broadway, New York, of making an annual investigation, by a committee of its investors, into the methods and security of loans made by it, is one that cannot be too highly commended. Their report for 1889 is just to hand, and shows a uniform and marked advance in every department over even the unusually prosperous year of 1888, which must be gratifying in the extreme, not only to the many patrons of the company, but also to those who have labored faithfully to bring about this very satisfactory result.

We hear that a large number of physicians have recently bought the securities of the company, and they will doubtless find them very satisfactory investments indeed.

Tuberculosis.

When all else has failed, turn to McArthur's advertisement on page 3, read it and place your patient on the use of their syrup.

Index to Advertisements.

A classified index of advertisements appearing in the Medical Bulletin will be found on page 29 of the current issue.

Something to Pick.

How many bones in the human face?
Fourteen, when they're all in place.

How many bones in the human head?
Eight, my child, as I've often said.

How many bones in the human ear?
Three in each, and they help to hear.

How many bones in the human spine?
Twenty-six, like a climbing vine.

How many bones in the human chest?
Twenty-four ribs, and two of the rest.

How many bones in the shoulder bind?
Two in each—one before and behind.

How many bones in the human arm?
In each one, two in each forearm.

How many bones in the human wrist?
Eight in each, if none are missed.

How many bones in the palm of the hand?
Five in each, with many a band.

How many bones in the fingers ten?
Twenty-eight, and by joints they bend.

How many bones in the human hip?
One in each, like a dish they dip.

How many bones in the human thigh?
One in each, and deep they lie.

How many bones in the human knees?
One in each, the knee-pan, please.

How many bones in the ankle strong?
Seven in each, but none are long.

How many bones in the ball of the foot?
Five in each, as the palms were put.

How many bones in the toes half a score?
Twenty-eight, and there are no more.

And now altogether, these many bones fix,
And they count in the body two hundred and six,

And then we have the human mouth,
Of upper and under thirty-two teeth.

And now and then have a bone, I should think,
That forms on a joint, or to fill up a chink,

A sesamoid bone, or a wormain, we call,
And now we may rest, for we've told them all.

—*Medical Recorder.*

Mellin's Food.

Dr. W. H. Day, of London, reports two interesting cases. One, the case of a child eight months old who was brought up by hand, did not thrive owing to flatulent distention of the bowels and constipation, the motions being hard and pebbly, with much straining in defæcation. Mellin's Food mixed with milk quickly overcame these troubles, and the child soon became strong and healthy. In another case, a child aged one year, also brought up by hand, was very constipated, thin, and whining, with the wrinkled face of abdominal trouble. It was rapidly passing from bad to worse. From the day Mellin's Food was given an improvement set in, the sickness ceased, the abdomen became soft, and the action of the bowels was healthy and regular.

Papine.

L. C. Carr, M.D., Professor of Obstetrics, Cincinnati College of Medicine and Surgery, Cincinnati, Ohio, says: "I have given Papine (Battle) a fair trial, and am well pleased with its action, especially so in the case of an infant suffering with an attack of convulsions. Its action was speedy and safe."

For index to Advertisements, see advertising page 29.